41			E OF MARYLAND	61 -7	
1	FOR  STATE  REGISTRAR		HEALTH AND MENTAL HYGI FICATE OF DEATH		0047
	DECEASED NAME FIRST	MIDDLE	LAST	REG. NO 20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
{1	Cother Cather	ine moun	krew		1 /10/83 9-4
3. 5	SEX		OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS N
	gemaje	lauc. Oc		79	YRS.
4	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? B. MARRIE WIDOW	ED NEVER MARRIED	BALTIM	0 .
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME ( INTENOT IN SUCH FACILITY, GIVE STREET ADDRESS)		12a. USUAL OCCUPATION	IN 126. KIND OF BUSINESS
	OSSVILLE	Manor Care Ross		The control months.	
130	. STATE 13b. COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	NG DALERD
	FATHER'S NAME	TIMORE BALTIMORE	YES NO 15. MOTHER'S MAIDEN NAM	NE .	NGDATEKA
50	MICHAEL	MC AND REW	ANNA	WIDDLE	COYLE
3 160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY NO.	17. INFORMANT SISTE	R) ADDRES	55
1	No	- 217-60-1739	MARGARET	MINS 5	AME AS # 13
SERTIFICATION		CONDITION FOR WHICH OPERATIO		NAL DISEASE OR COND	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
4				YES NO	YES NO
9 39	OR CONTRIBUTING TO CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
AEDICAI	(IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE	R) P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	vn COUNTY STATI
	AT WORK AT WORK	ital) attended the deceased from	116 10 8	10 1/10	. 19.53_, that (1)(we)
	sow the deceased alive or		nd that is (my) (our) apinion a	eath accurred on the do	te and hour and fram the couses state
94	22b. SIGNATURE	Horom MO	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
I	224 PHYSICIAN'S NAME (TYPE O		MANOR CA	RE ROSSI	ville 21237
230	BURIAL, CREMATION, REMOVAL	1 / Au A	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY SHATI
	DURIAL		IATION CEM.	TOHEN WOD	OAH DCHUYIKILL PA
24.	FUNERAL DIRECTOR E. BA	ENES -UNERAL SERVICE BE	21018 250. DATE	REC'D. BY REGISTRAR	SE REGISTRAR'S SIGNATURE

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	Sylvan a	tas renkon	THE PARTY OF THE P
SVR HOME SW	N TEXEDAM	24.00-20.00	01/1

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STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 1		REGISTRAR			CERTIFIC	AIE UF DEATH	REG. I	NO		
		CEASED NAME FIRS	1	MIDDLE	LAS		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TYPE	HAR	OLD 1	E MCCC	NN AUGH	Y		1-20	-83	12:30a
- [	3. SE	Х	4. RACE		5 DATE OF		6. AGE (IN YEARS LAST E	(RTHDAY)	IF UNDER I YEAR	
		Male	Whi		May,	17, 1907		YRS		HOURS MIN.
1		RTHPLACE (STATE OR FOREIG		F WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
		-USA West \	a. USA		WIDOWED		TO 4 T FT T3 CO	RE CO	DUNTY	MD
3	10_CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR
3		TOWSON		OSEPH HOSP			Seaman	OF WORKING		trican
1	13n S	AL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTIO	N GIVE RESIDENCE BEFORE		A INICIDE CITY HAVE			717	ZML.
0		Md.	Balto.	13C CHT OR TOWN		36 INSIDE CITY LIMITS? YES NO 17	13e STREET ADDRESS		ve. Bobo	x 1104
	14. FA	THER'S NAME				S. MOTHER'S MAIDEN		IIIa A	ve. bobc	X IIO4
2	1	FIRST	MIDDLE	LAST	003	FIRST	WIDGLE	0	IAS	iT .
-	160 \	James VAS DECEASED EVER IN U.		Connaughy	DITY NO. 1	Alice 7 INFORMANT	L.		riffth	
			ES, GIVE WAR OR DATES)	JOCIAL SECO	KIII INO.	THAI OKMAIAT	700	.233		
		No		123-09-3	113	Roy McConr	aughy 305 E	Jop	pa Rd Ar	t. 404
		18 CAUSE OF DEATH En	ter only one couse po	er line for (a), (b), and	CAR	DIOPULMONAL	RY ARREST		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
			EDIATE CAUSE (a)_	Can	core	mula	y arrest			
-	-	4960		OR AS & CONSEQUE	NCE OF CH	RONIC OBST	RUCTIVE PULM	ONARY	DISEASI	5
J		Conditions, if any, which		Chemia	Sen	The P	Danner Da	is.	4.3	
1		gove rise to immedia	te	Carried .			7			
4		couse (a), stating the underlying couse last		OR AS A CONSEQUE	NCE OF				The state of the	
		DADI 2 OTHER SIGNATION	(c)_							
	Z	GASTRIC UL	CER CERE	BOVASCULA			NT LUES, PER			
4	CERTIFICATION	190 DATE OF OPERATION	lateras, a	DITION FOR WHICH		accept,	20g AUTOPSY?		res, WERE FINDIN	
7	FICA	DAIE OF OPERATION	198 CONI	DITION FOR WHICH	OPERATION	WAS PERFORMED		IN CER	TIFYING CAUSES	OF DEATH?
	RTI						YES NO		YES [	NO 🗌
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	- Linux	OF INJURY A.M. MONTH DA	Y YEAR	II. HOW INJURY OCCI	JRRED (ENTER NATURE OF INJ	URY IN ITEM II	8 PART I OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDICALEXA	OI DEATH	P.M.	19					
	MEDICAL	21d. INJURY OCCURRED		OF INJURY		II. LOCATION	CITY OR T	MAIO	COUNTY	STATE
	¥	WHILE NOT WHILE E	] (AT HOME S	TREET, FACTORY, OFFICE, FA	ARM ETC )	PINEEL	CITY OR T	OWN	COUNTY	STATE
		220.1 certify that (X(this		he deceased from_	12-2	19 8	2to1-20		19_83	thatXIX(we) last
		saw the deceased alm abave, (Nwe) (did) (e	$\frac{1-20}{2}$	19 8	3 and	that in (XXX) (aur) apinio	on death occurred on the	date and h		
		22b. SIGNATURE	view the bad	y offer death.		GREE			77¢ DATE	
			1)	7	/	ATTENDING	MEDICAL STA	AFF		
4		22d. PHYSICIAN'S NAME	// 1	press	but.	PHYSICIAN	DIRECTOR PHYS	CIAN	1-20	<b>-</b> 83
	3	III. PHISICIAN S NAME	nu	10	/	2e ADDRESS				
		LUKE TERM	M.D.	-	(	7620 YOR	K ROAD TOWS	N MD	21204	
	23a B	BURIAL, CREMATION, REMO	OVAL 736. DATE	23c N	AME OF CEA	METERY OR CREMATOR	Y 23d. LOCATION		cal	
		Burial	1/25/	83	Mt. Ho	pe crematér	v West Ch	ester	N. Y.	Tell

DHMH - 16 50M 1/81 (VRA 15, 4)

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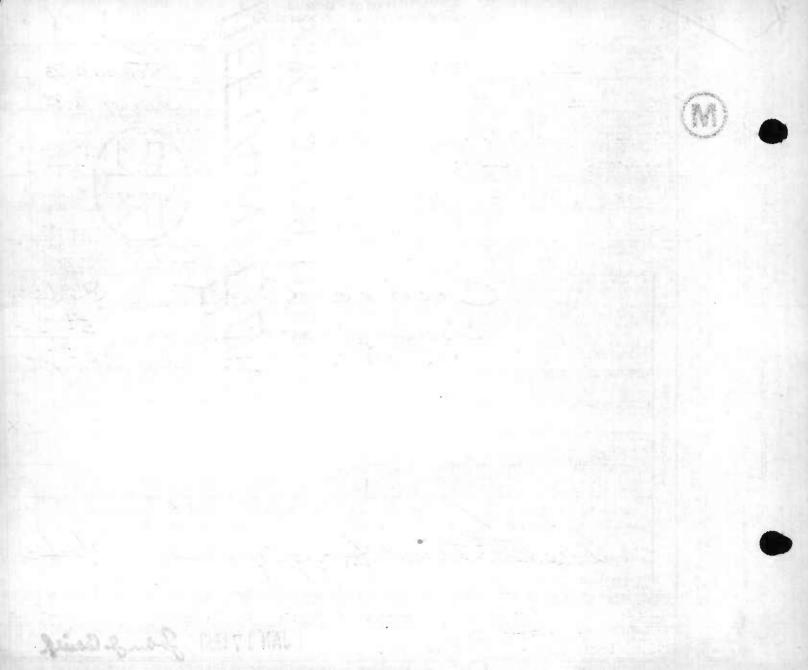
IMPORTANT: If them 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical

24 FUNERAL DIRECTOR BURGEE FUNERAL HOME 36317ALLS Rd 21211

230 DATE REC'D. BY REGISTRAR 236 PEGISTRAR'S SIGNATURE
JAN 21 1983 Jan 2 Com

olo -DI- Mast va. ---- clto. ---- SNU Hadiuks ... Tarm: c concavant alica 1. 120 th 30 - 121 ---- 123-00-3117 - c.o.quiren 325 . 46gus .u not.ucul Many street of the street of t Some Delivery JAN 21 1922 Dear D. Carried

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-Charles William McCormick 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCEL 23 3 59 DEAD Male White 23 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED -DIVORCED Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12 Edd Bwolds Rossville Franklin Square Hospital Maint. Mech. Arsenal USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13a. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Middle River YES Maryland NO X 548 Compass Road 21220 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST FIRST John Helen Kennell McCormick 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 548 Compassat Road Balto. MD. IYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 213-16-3544 Josephine J.McCormick WW II 21220 18 CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY: DUE TO, OR Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO: OR lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? CATE, WRITING FORWARDED TO THE CRITICORY, PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF 1 YES 🔲 NO X 21g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 71f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE NOT WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion death resulted fram: Natural causes Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 23g BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE (SPECIFY) Gardens Of Faith Burial 1/15/1983 Baltimore Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue **DHMH-17** Dundalk, MD. 21222 (VR A15 ME (5)) 15M 2/80

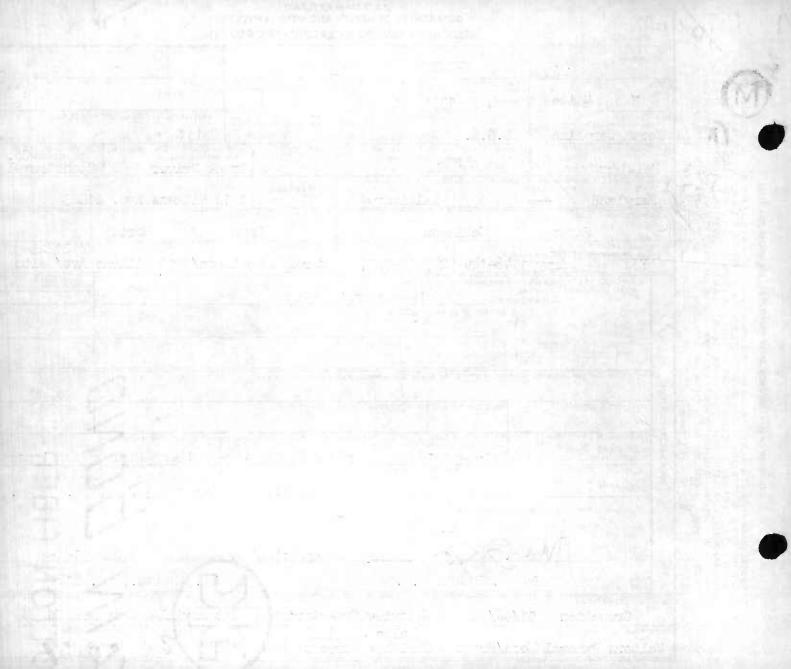


	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYGI	ENE 8 3	NO.	0	4 8 0	
oy be nage 3 death	1. DEG		AE MAF	RGARET		ERRAN		20. DATE OF DEATH	1 18		26. HOUR 2:30A <sub>M</sub>	
ge 4 ma	3. SEX	FEMALE	4. RACE WH 1	ΓE	5. DATE C	F BIRTH	' Ö7	6. AGE (IN YEARS LAST	YRS.	FUNDER I YEAR	HOURS MIN.	
CAMPA CAMPA	Ŋ	RTHPLACE (STATE OR FORE OUNTRY) <b>EW Jersey</b>	U.S.		WIDOWE	DEVERA	VORCED	9. BALTIMORE CITY OF COUNTY OF DEATH				
os after of safter of saft	10. CI	TOWSON	GBMC NAME OF	GBMCh. 6701. GIN TREET CHARLES ST. 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING OF SCHOOL TEACHER)							OF BUSINESS OR	
NND 2120 NND 2120 124 hours filled in by ould be fill	130 S	TATE BY	POUNTY CO.	131. CITY OR TOV	MN	13d. INSIDE C	ITY LIMITS?	130. STREET ADDRES	t Road	94111		
MARYLAND 2120 red within 24 hours and 2 should be file assiminer must be be	14. FA	THER'S NAME Edward	MIDDLE B1	itler LAST			MAIDEN NAM Letitia		Curry	LA	451	
BALTIMORE, ate be execut spers. Pages 1 your, the medical-	16a V	AS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SEC 140 32		17. INFORMA		Hartzell	807 Ri	dgelei	gh Rd	
DS, 201 W. PRESTON ST., BA quires that the death certificati signed by the attending physic hen please remave carban pape to burial, cremation, or remaval tipy, or ather traumatic event, it into.	NO	Conditions, if any, wl gave rise to immedi couse (a), stating	DUE TO, Conich ate the DUE TO, Const.	DR AS A CONSEOU DR AS A CONSEOU	JENCE OF			NAL DISEASE OR CO	DUDITION GIVE	EN IN PART 1	la	
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir offending physician.  fifter this certificate has been sig as the burial-tronsit permit. Ther th and Mental Hygiene prior to be norked or frem 18 shows any injur	CERTIFICATION	19a. DATE OF OPERATION	196. CONE	ITION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERTIFY	WERE FINDS	INGS USED S OF DEATH?	
ON OF VITAL IYSICIAN: The ding physicia is certificate b burial-tronsit Mental Hygie	-	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A	OF INJURY M. MONTH [	DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18 PA	RT 1 OR PART 2)		
IVISION IG PHYS attending ter this of the bur nand Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME S	OF INJURY REET, FACTORY, OFFICE	FARM, ETC )	211 LOCATIO STREET	NO Q2	CITY OF	RTOWN	COUNTY	STATE	
OR ATTENDI he hospital or DIRECTOR. A ached for use Dept. of Heal		226 SIGNATURE	live an (did nat) view the bad	8 deceased fram 19_ y ofter death.	, or	DEGREE	ATTENDING PHYSICIAN		TAFF	1905		
O HOSPITAL ( retained by the TO FUNERAL I should be deta with the Store I			HAUPTMAN		-1,		-6701	N. CHAR	LES ST	. 7		
9999 BP	I	URIAL, CREMATION, REA SPECIFY) Urial	, ,			emetery or c		23d. LOCATION CITY OR TOWN Paterson		COUNTY	STATE N. J.	
DHMH - 16 50M 4/82 (VRA 15, 4)	Pu Bu	rgee Funera	1 H•me, 36	31 Falts	Road	and 212	250. DAT	V 1 9 198	AR	AR'S EN	PARE .	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR 20. DATE KNOWN [ DECEASED NAME TYPE OR PRINTS MELVIN DEATH MATED LYMAN KINNON 1983 7:23 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED White March 9 1931 51 DEAD ам To BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) U.S.A. North Carolina WIDOWED DIVORCED Baltimore County OR INDUSTRY CO. IB CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK Hanover Pike Truck Driver StoneGravel Reisterstown THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION USUAL RESIDENCE LIEIN NUMBER 1912 Wilkens Ave. 21223 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN Maryland Baltimore YES X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST James McKinnon Emma Morton 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS Md 21223 I (IF YES, GIVE WAR OR DATES Army 1948-149 Carol L McKinnon/1912 Wilkens Ave/Balto APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral trauma IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE SALTIMORE, MARYDAND, 21201 PRIOR TO BURIAL, YES X 71n EXTERNAL CAUSE WAS 71h TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 1983 Driver in tractor-trailer/fixed object impact CONTRIBUTING CAUSE OF DEATH 7: 14 KMX 1-4-21e PLACE OF INJURY (AT HOME 21L LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) Hanover Pike Balto. Md. road Reisterstown. 27a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinion death resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 1-4-83 SIGNATURE Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 13r. NAME OF CEMETERY OR CREMATORY Catonsville, Maryland 21228 Cremation 01/06/83 Westview Crematorium 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Balto Md 21223 **DHMH - 17** Walters Funeral Home/Pratt & Stricker Streets JAN (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL HYG	REG. 1	NO.	, 0	. 0	3		
'		CEASED NAME FIRST	NITA	AIDDLE		ESSER	20 DATE OF DEATH		DAY YEAR	26 HOUR	Ī		
Ü	3. SEX	(	4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST B	PIRTHDAY)	IF UNDER TYEAR		5		
		FEMALE	White		Apri	1 6 1921 YEAR	61	YRS.			_		
5	K	RTHPLACE ISTATE OR FOREIGN COUNTRY) entucky	USA	WHAT COUNTRY?	WIDOWE		BALT I MOR		M				
6	10. CI	TOWS ON		70 TY, GNE STREET		LES STREET	120 USUAL OCCUPA			OF BUSINESS O	)R		
5	USUA 13a. S	AL RESIDENCE LIF NURSING HOLD TATE Maryland	ME OR OTHER INSTITUTION. Saltimore	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO NO	136. STREET ADDRESS 3609 Red	Rose	Farm R	d. 212	2		
0	14 FA	THER'S NAME FIRST Thomas	Martin	LAST			a Lee McFa		LA	AST			
	16a. W	VAS DECEASED EVER IN U.S	S. ARMED FORCES? ES, GIVE WAR OR DATES)	214 50 1		Charles Mals		Pine	Rd. Jo	ppa, Md			
		PART I. DEATH WAS CA	DUE TO, OI  the DUE TO, OI  DUE TO, OI  DUE TO, OI  DUE TO, OI	CARD LOPI	ULMO NCE OF MA O	NARY ARREST							
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
9	CERTIFICAT	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA'  YES NO YES NO F						
9		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	JURY IN ITEM 18.	PART I OR PART 2)				
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY PEET, FACTORY, OFFICE, FA	RM, ETC }	211 LOCATION STREET	CITY OR 1	IOWN	COUNTY	STATE			
		22a.1 certify that (I) (this I sow the deceased aliv above, (I) (we) (did) (d	ve on	19	, 0	nd that in (my) (our) opinion	to 1-2	dote and hou	19 <u>83</u> ur and from the	., that (I) (we) lo se couses stated	DS		
		226. SIGNATURE	P. D	race	m	ATTENDING PHYSICIAN [		AFF ICIAN X		2/83			
1			ARD GRAC	E M.D.			CHARLES S	STREET	T -GBMC				
		BURIAL, CREMATION, REMO	1/4/83	23t N Mes	AME OF C	EMETERY OR CREMATORY	23d. LOCATION Park CITY OHOW	ard Co.	coMd	STATE			

DHMH - 16 50M 4/8 (VRA 15, 4)

Funeral Home PA 1407 Old Eastern Ave 250 DATE REC'D. 24. FUNERAL DIRECTOR Bruzdzinski

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No.	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 3	0	0 4	8 3
m =		CEASED NAME FIRST OR PRINT)		WIDOLE	ŧ.	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
be age 3 deoth		WILL		F MILH	OLLANI		JANUARY 3			7:48AM
	3. SEX	ALE	4. RACE CAUCA	SIAN	5. DATE C MONTH		6. AGE (IN YEARS LAST BIR	YRS.	THS DAYS H	FUNDER 24 HRS
<b>1 2</b> 3 5		RTHPLACE (STATE OR FOREIGN OUNTRY)  RYLAND	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DINORCED	9. BALTIMORE CITY O			MD.
of the control of the		SSVILLE	(IF NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	126. USUAL OCCUPATION OF WORK FOR MOST CONTROL SUPERVISO	ON IF WORKING LIFE)		SECUE
24 hour	USU / 13a. 5	TATE 136 COL	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS 6222 GOL	-		
ABO	14. FA	THER'S NAME FIRST WILLIAM	MIDDLE F	MILHO	LLANI	15. MOTHER'S MAIDEN NAME FIRST EUNICE	WE	MC	DODY	
execution of the control of the cont		VAS DECEASED EVER IN U.S. A (ES. NO OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	218109L		ROSE MILH	ADDRI	22 GOLI	רם זוישר	ING RD.
requires that the death certifications is signed by the attending physics for the page of	ION	18 CAUSE OF DEATH (Enter-PART I. DEATH WAS CAUSE IMMEDIAL CONTROL OF THE PART I. DEATH WAS CAUSE IN THE PART I. DEATH WAS CAUSE IN THE PART I. DEATH IN THE PART I. DEATH I. D	SED BY: ATE CAUSE (o A)  DUE TO, C  (b A)  DUE TO, C	CUTE POST DR AS A CONSEQUE RTERIOSCLI DR AS A CONSEQUE	ERIOR ENCE OF EROTION	CARDIOVASCUI			IN PART 1(o	TE INTERVAL SET AND DEATH
The low rician. te has bee nsit permit. rgiene prio	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES O	S USED F DEATH? NO
PHYSICIAN: TI ending physicic this certificate he buriol-transit da Mental IB sh		?1a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A		YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	CITY OR TO	NW	COUNTY	STATE
TTEN pital TTEN TOR: TOR: for us of He		22a I certify that (M(this has sow the deceased alive a above (New ) (dich land	pital) attended the	he deceased from 198.	3, or	30 , 19_83 d that in (Xy) (our) apinion (	, toJANUAR' death accurred on the d			ot ( <b>X</b> (we) lost uses stated
OR PER PER PER PER PER PER PER PER PER PE		22b. 5 ION A CALL 22d. PHYSICIAN'S NAME (TYP)	OR PRINT)			ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF	1/30	183
TO HOSPITAL retained by the TO FUNERAL is should be deto with the State IMPORTANT: If		D. W.	HWA		l.	9000 Fran	klin Square	Drive	21237	
BP	23a. B	BURIAL  SPECIEVE TAL	2/1/			EMETERY OR CREMATORY IS OF FAITH	23d. LOCATION CITYOR TOWN	). I	BALTO.	STATEMD
DHMH-16 30M 2/80 (VRA 15, 4)	_	UNERALIDIRECTOR NAME	ah 1	211 ADDRESS	218	320. 1250 JA	RES D BY REGISTRAR	REGISTRAR	3. Com	uf

THE REST OF THE REST SHAPE BLANCE BLANCE AS-LARY TALLED HOSE ATE erro preminera . . Alicent 

other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

## STATE OF MARYLAND

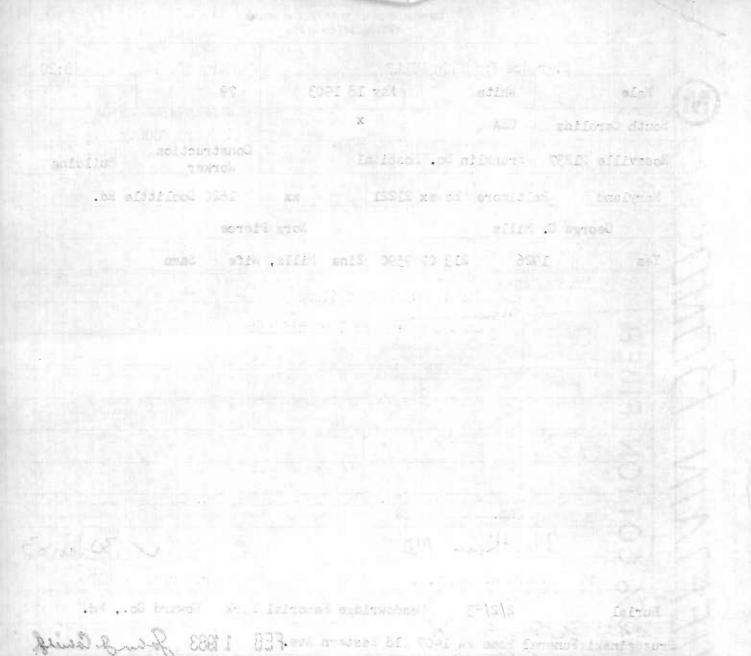
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				CERTIFICAT	OI DEATH		REG. NO	D.		
I. DECEASED NAME	FIRST	MIDDLE		LAST		20 DATE C			AY YEAR	2b. HOUR
	Clarenc	e Frank	lin MIL	LS		Janua	ry 30.	1983		8:20 p
Male		White		May H18		6. AGE (IN	YEARS LAST BIRT		FUNDER I YEAR	
o. BIRTHPLACE (STATE (STATE (STATE )		ITIZEN OF WHAT		MARRIED 1	VEVER MARRIED [		ore city or imore	R COUNTY		
Rossville 2	1237 F	NAME OF HOSPI IF NOT IN SUCH FACIL PANKLIN			ER INSTITUTION	12Cons	truct's rker			of BUSINESS O
JSUAL RESIDENCE (IF NO 13a. STATE Maryland	13b COUNTY	13c C	SSEX 2	221   13d IN		16	ADDRESS 20 Doo	little	Rd.	1221
I. FATHER'S NAME FIRST Geor	ge C. Mi		LAST	15. MG	THER'S MAIDEN	Pierce	WIDDLE		LAS	51
(YES, NO OR UNKNOWN)			OCIAL SECURI		FORMANT		ADDRE	SS		
Yes NO OR UNKNOWN)	1926	21	3 07 95	590 Zir	a Mills	, Wife	Sam	19		
gave rise to in couse (a), sto underlying cau	ting the	(c)			ELATED TO THE TE	RMINAL DISEA:	SE OR COND	DITION GIVE	N IN PART 11	o
NO DATE OF OPER	ATION I	196 CONDITION	FOR WHICH O	PERATION WAS	PERFORMED	20a AUT	OPSY?		WERE FINDING CAUSES	
210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d. INJURY OCCU	CAUSE OF DEATH	HOUR A.M. A		YEAR	OW INJURY OCC	URRED (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PAR	RT I OR PART 2)	
AT WORK AT V	WHILE ORK	Te PLACE OF IN.	CTORY_OFFICE, FAR	M. ETC )	STREET		CITY OR TOV	VN	COUNTY	STATE
22a.t certify that sow the dece above, (1) (we 22b. SIGNATURE	t) (this hospital) assed alive an	an 30	19_8	3, and that	in (my) (our) opini	, 0	an. 3( ed on the do		and from the	
22d. PHYSICIAN'S	Alber	tkku	MD.	DEGRE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		30 DATE	an 82
	Alber	t K. Lee	M.D.		DDRESS 100 Frank			rive :	21237	
230. BURIAL, CREMATION	I, REMOVAL 23b	. DATE	23c. NA	ME OF CEMETE	RY OR CREMATOR	Y 23d LOC	ATION			

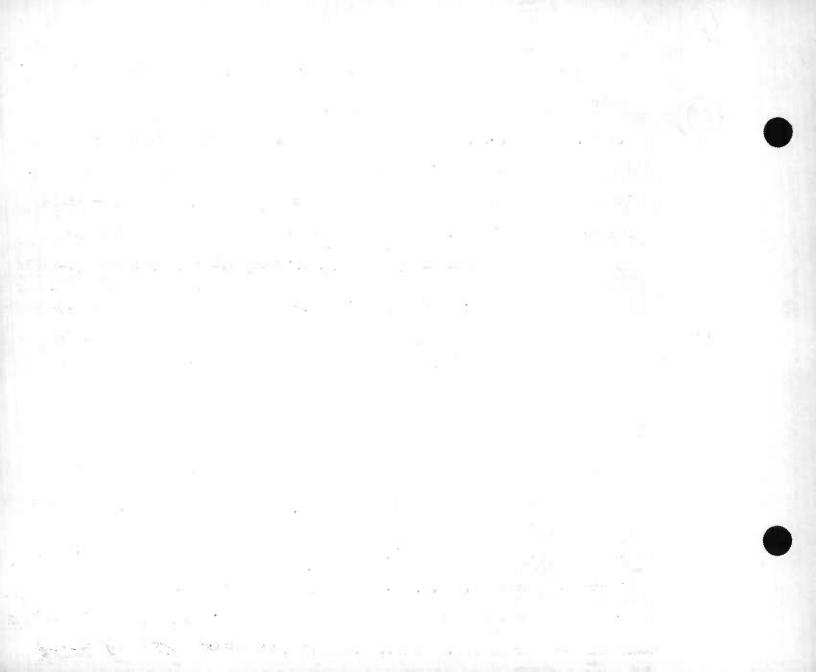
DHMH - 16 50M 1/81 (VRA 15, 4)

Meadowridge Memorial Park 2/2/83 Howard Co. Md. Burial

Funeral Home PA 1407 Old Eastern Ave. FEB Bruzdzinski



STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

126. KIND OF BUSINESS OR

21234

FAJUT

COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

19\_83\_, that xt) (we) last

22c. DATE SIGNED

STATE

9:30a M

1983

INDUSTRY

IF UNDER TYEAR

DHMH - 16 50M 4/82 (VRA 15, 4)

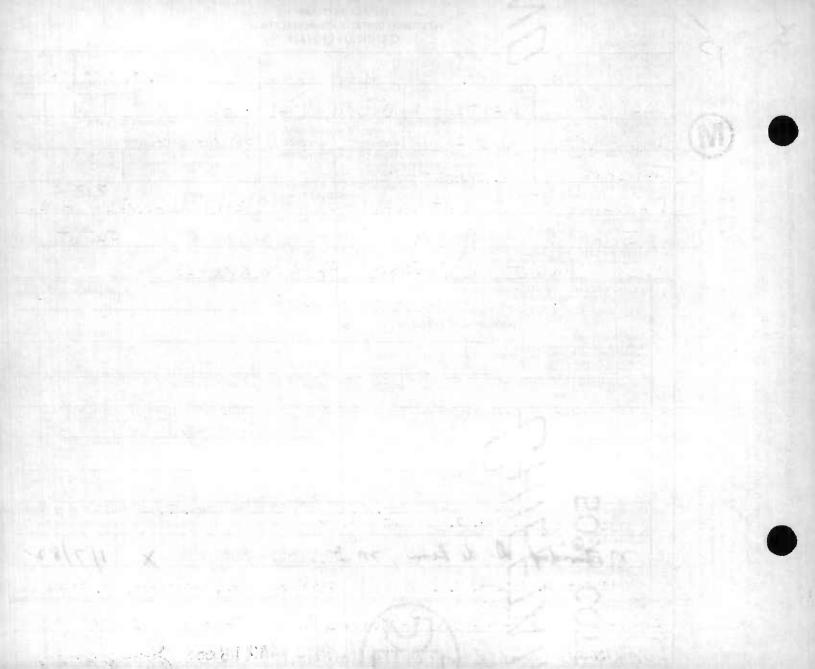
FOR

REGISTRAR

DURIA

24 FUNERAL DIRECTOR

- STATE

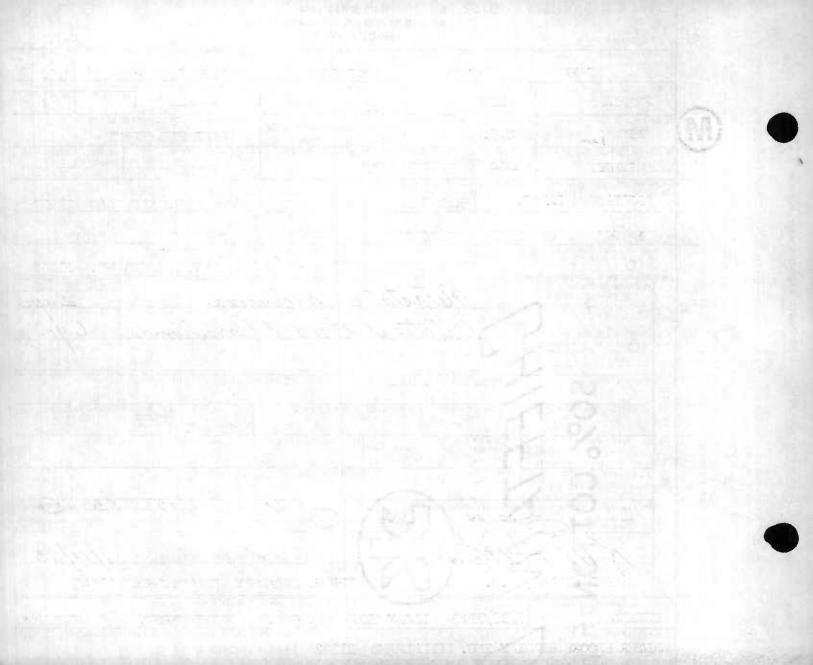


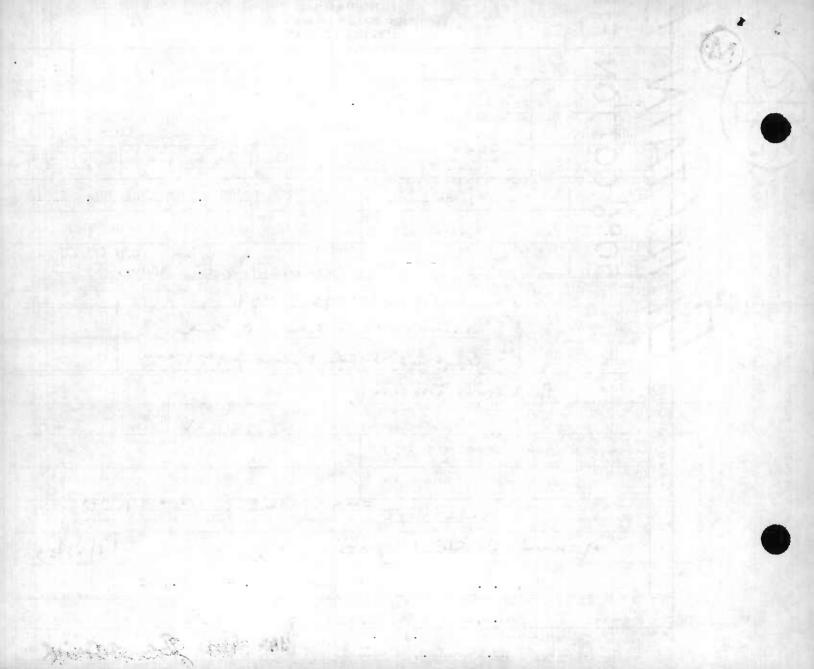
25/1-	STATE REGISTRAR			ICAL EXAMI	HEALTH AND M		ATH REG.		4 8
البر البر	ECEASED NAM PE OR PRINT)	MARY		SE.	MITCH	5L		010	7 19 83 2
Fe Fe	male	White	Sept. 22			HOURS MIN.	PRONOUNCED DEAD	10	7 1983 2 2
5 Bo	ORECOLOUNTRA	lass.	76. CITIZEN OF WH.		WIDOWED	EVER MARRIED   DIVORCED		imore Co	ounty
OO M		River 2122	O (IF NOT INSUCHANCE	Hawthorn		ITION 12a. U	SUAL OCCUPATION ( R MOST OF WORKING LIFE) NEMAKET	TYPE OF WORK	KIND OF BUSIN OR INDUSTRY Home
35 130.	AL RESIDENCE STATE Marylan	d 13b. COUNT	timore	e residence before admis 13r. CITY OR TOWN Middle Riv	rer YES	(ITY LIMITS? 13e ST	REET ADDRESS N. Hawtho	orn Rd.	21220
30	ATHER'S NAM	Thomas	Kenney	LAST		Rose	Higgins	E = =	LAST
)30	WAS DECEASE YES, NO. OR UNKNO	ED EVER IN U.S. ARM OWN) (IF YES, GIVE V	VAR OR DATES)	213 48 93	17. INFOR	M. Lilly	ADDRE	Same	
VAL.	18 CAUSE O	EATH WAS CAUSED	E CAUSE (a)	for (a) (b), and (c).)  CULL MUA  AS A CONSEQUENCE	cuelnal	hamour	hage		APPROXIMATE INTE BETWEEN ONSET AND
AND MENTAL HYGIENE, D	gave r	ans, if any, which ise to immediate a) stating the under-use last.	(b)	AS A CONSEQUENCE					
	PART 2 OTNER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1 (a).			
JIRJI	19a DATE OF	FOPERATION	196. CONDITI	ION FOR WHICH OPE	RATION WAS PERFOR	RMED?			20 AUTOPSY?  YES N
	UNDERLYING	AL CAUSE WAS G OR ING CAUSE OF D	EATH P.M.	MONTH DAY YEA	AR	Y OCCURRED GENTE	R NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2	1
MEDICAL	WHILE AT WORK	OCCURRED  NOT WHILE  AT WORK	21e PLACE O STREET, FACTO	F INJURY (AT HOME, DRY, FARM, ETC.)	2 If. LOCATION STREET		CITY OR TOWN	COUNT	Ψ.
	22a I cert death result	rify that I taak charge	al causes	Accident , s	Autapsy, Suicide, Hami	SPECIFY	Inquiry , etermined manner	and in my apini	1/9/8
	SIGNATURE	1.0104		1	M.D	ME	DICAL EXAMINER	SIGNED.	1 4.1
BALIMORE, MARYLAND,	EXAMINER'S	NAME J.C.		O DONOUK	ADDRESS_	2112 Du	ndalk Andorrown Mass	e, Bal	ib, Md.

STATE OF MARYLAND

Testle daile Section elses AUL LOS ALLE Winder semplifies a satisfy the resiminant of the prooffer of the Darking Indiana I the Mayer and I hearthful the control of The same and the same of the s Annal , normal to return your to the Land. Proximinal Funeral Ports of the State of the

10		tem 11,13e #G57 FOR STATE	1 1 - 4	MENT OF	E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 3	0 0	4 8 8
T		REGISTRAR CEASED NAME FIRST	WIDDLE		ICATE OF DEATH	REG. NO		26. HOUR
may be page 3 er death		MIRTAM	ALICE	MO	ELLMAN	JANUARY 15		4:00
4 94	3. SE	× FEMALE	4 RACE WHITE	5. DATE O		6. AGE   IN YEARS LAST BIRT	MONTHS DAT	
neral direct	7a. Bl	RTHPLACE (STATE OR FOREIGN 72	76. CITIZEN OF WHAT COUNTRY: U.S.A.	8. MARRIE WIDOW	D NEVER MARRIED XX	9 BALTIMORE CITY OF	E COUNTY	MC
by the fu	10. C	ROSEDALE	11. NAME OF HOSPITAL, NURSII (IENOTIN TICHEACHTY GIVE STREE 8006 SAGRAMOR	NG HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF REGISTERED)	WORKING LIFE) INDUSTR	OF BUSINESS OR
tely filled in 2 should be filled in 3 should be filled in 3.	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b, COUP MARYLAND BAL	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  13c. CITY OR TOV  ROSEDAT		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS  896 SAGE	8006 RAMORE ROAD	21237
omple ond			MIDDLE LAST MOELLM		15. MOTHER'S MAIDEN NAV	FRANCES	S KLI	LAST EIN
ificate be execuphysician and capabers. Pages moval.		VAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECTION OF THE PROPERTY		17. INFORMANT HARO 5302 BANGERT	DID E. MOETT ST., WHITE	MARSH, MD.	21162
quires that the death certificat signed by the attending physi Then please remave carbanaop to burial, cremotion, ar remova njury, or other traumatic event,	NO	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)  DUE TO, OR AS A CONSEQUENCE (c)	JENCE OF	Breast NOT RELATED TO THE TERM	Carcuso Inal Disease or cond	DITION GIVEN IN PART	6 yn.
ion.  hos been in permit. I permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOK	206. IF YES, WERE FIND IN CERTIFYING CAUS YES []	OINGS USED ES OF DEATH?
SICIAN: TI ng physicio certificate orial-transit tem 18 sh	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2	9
DING PHYSIC or attending After this cere os the burial although Mentional Me	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC )	21f. LOCATION STREET	CITY OR TOV	wn COUNTY	STATE
		sow the deceased alive on above (1) (we) ideal did no	tol) ottended the deceosed from.  12/20  19  19	82.0	nd that (my) our) opinion	deoth occurred on the do		
HOSPITAL OR ATTEN ned by the hospital FUNERAL DIRECTOR. JId be detoched for us the State Dept. of He ORTANT: If them 21 is		276 SIGNATURE	Alkins			MEDICAL STAF	F _ /	TE SIGNED
TO HOSPITAL ( retained by the TO FUNERAL E should be detain with the State E IMPORTANT: If		RAYMOND ATKIN	S, M.D.		550 N. BROAL		, MD. 2120	05
BP	F	Burial, cremation, removal SURTAL			EMETERY OR CREMATORY ILL MEM. GDS.	23d LOCATION CITY OF TOWN WHITE MA		MARYLAND
DHMH - 16 50M 4/B2 (VRA 15, 4)		uneral director ALTER BROOKS BRA	ADLEY INC. DÜNDA	LK MD	21222 AN	e rec'd. by registrar	7	ATURE





爾	1	FOR - STATE REGISTRAR	DEPART	ATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	0 0 4 9 0		
20 0 0		ECEASED NAME FIRST PE OR PRINT) Geo	rge F. Monninger	LAST	January 19, 1983			
ge 4 may ector. pag irs after d	3. S	ex M	4. RACE	5. DATE OF BIRTH April 20, 1901		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. PRS.		
breath. Pa		BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pa.	76 CITIZEN OF WHAT COUNTRY? USA	WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore Co.,			
s after to by the fulled with		Towson	(IF NOT IN SUCH FACILITY, GIVE STREET 8165 Pleasa	nt Plains Rd.	126. USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE)  Machinist  126. KIND OF BUSINESS ( INDUSTRY  Crown Cork			
AND 212 n 24 hou filled in hould be	130	Md. Bal	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13t. CITY OR TOW TIMORE TOWSON	YES NO	8165 Pleasan	ZIZO4 t Plains Rd04		
MARYL ed withi ond 2 s exomine	14	FATHER'S NAME George F.	Monninger LAST	15. MOTHER'S MAIDEN	Eleanora Tegeler	LAST		
e execut n and co Pages 1	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 212 03 96		Monninger 8165	Pleasant Plains I		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician.  Inter this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled than Americal Hygiene prior to burial, cremation, or removal.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU  (b) Ruptured  DUE TO, OR AS A CONSEOU  (c) Sub out	ENCE OF SINUS USISHVA ENCE OF BRITISH CONDUCTION	Lourdikis	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH  2 mos =  1 mo		
AR RECORDS, 20 he law requires on. to been signed to permit. Then pl tene prior to buring ows any injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT  CECUM.  19a. DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY? 20b.	N GIVEN IN PART 110.  IF YES, WERE FINDINGS USED  CERTIFYING CAUSES OF DEATH?  YES \( \sum \) NO \( \sum \)		
VISION OF VITA  G PHYSICIAN: T attending physici attending physici ithe buriol-transi ond Mental Hygi ked or frem 18 sh		MEDICAL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  WHILE AT WORK AT WORK	HOUR A.M. MONTH D	19 211. LOCATION	URRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)  COUNTY STATE	
the haspital and the haspital and the haspital and the facthod for use to Dept. of Heal is mit. If them 21 is mit.		22a. I certify that (1) (this hasp	ottal) attended the deceased fram	DEGREE	ion death accurred on the date and	d hour and from the causes stated		
O HOSPITA etained by TO FUNER should be d with the Sta		22d PHYSICIAN'S NAME (TYPE E. Lee Ro	bbins mo.		the RA. Luthrida			
BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATOR Parkwood Cem.	Baltimore,	Md. COUNTY STATE		
DHMH - 16 50M 4/82		FUNERAL DIRECTOR	EED HOME INC	6500 Vork Rd	JAN 26 1983	GISTRAR'S SIGNOURE		

The first was and the first the first spiniters of success 1 1 1 1 of the original origi And the second s mill and in the control of the contr 

NO  CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	Mhite  Th. CITIZEN OF V  U.S.A  11. NAME OF H  (IF NOT IN SUCH  ST. J  OR OTHER INSTITUTION OF  MIDDLE  RMED FORCES?  NE WAR OR DATES)  DUE TO, OR  (b)  DUE TO, OR  (c)	VHAT COUNTRY?  A.  OSPITAL, NURSINI OSEPH H  OSEPH H  SINC RESIDENCE SEFORE BALTIMON  O'BRIEN  160. SOCIAL SECUE  215-03-1  Incefor (a), (b), and  AS A CONSEQUE  LIVER  AS A CONSEQUE  LIVER	S. DATE OF ALLU	DAY 1904    NEVER MARRIED   DIVORCED   DIVOR	6. AGE (IN YEARS LAST BIRLY 79 9. BALTIMOR 12a USUAL OCCUPATH (1YPE OF WORK FOR MOST O HOMEMAKET  ADDRE 6 6201 Loch PULMONARY	AN 16 19  IF UNDER 1  PROUNTY OF DEAT  RECOUNTY OF DEAT  E COUNTY ON 12b. KI F WORKING LIFE) 17bb. KI F WORKING LIFE) 17b	TH  IND OF BUSINES STRY  vd 21239  LAST  ormack
HPLACE (STATE OR FOREIGN UNITRY)  TY LAND  OR TOWN OF DEATH  LTIMORE  RESIDENCE (IF NURSING HOME OF ATE  Y LAND  HER'S NAME FIRST  Michael  S DECEASED EVER IN U.S. AR  NOOR UNKNOWN)  B CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE  1 MMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	White  The CITIZEN OF V  U.S.A  The NAME OF H  (IF NOT IN SUCH  ST. J  OR OTHER INSTITUTION OF  MIDDLE  RAMED FORCES?  INTY  WE WAR OR DATES)  DUE TO, OR  (b)  DUE TO, OR  (c)	VHAT COUNTRY?  A.  OSPITAL, NURSINI OSEPH H  OSEPH H  SINC RESIDENCE SEFORE BALTIMON  O'BRIEN  160. SOCIAL SECUE  215-03-1  Incefor (a), (b), and  AS A CONSEQUE  LIVER  AS A CONSEQUE  LIVER	MONTH Sep  B. MARRIER WIDOWEI G HOME O OSPITA ADMISSION) N PE  RITY NO. 476	DAY 1904    NEVER MARRIED   DIVORCED   DIVOR	9. BALTIMORE CITY O 9. BALTIMORE CITY O 128 USUAL OCCUPATH (TYPE OF WORK FOR MOST OF HOMEMAKET 130. STREET ADDRESS 6201 Loch ADDRE e 6201 Loch PULMONARY	R COUNTY OF DEAT  E COUNTY OF DEAT  E COUNTY  ON  TRAVEN B1  MCC  SS  Raven B1  ARREST  BETT	TH  IND OF BUSINES STRY  vd 21239  ormack  d Apt 40
HPLACE (STATE OR FOREIGN UNITRY)  TY LAND  OR TOWN OF DEATH  LTIMORE  RESIDENCE (IF NURSING HOME OF ATE  Y LAND  HER'S NAME FIRST  Michael  S DECEASED EVER IN U.S. AR  NOOR UNKNOWN)  B CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE  1 MMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	Th. CITIZEN OF V  U.S. A  11. NAME OF H  (IF NOT IN SUCH STT. J  OR OTHER INSTITUTION OF  MIDDLE  RAMED FORCES?  IVE WAR OR DATES)  DUB TO, OR  (b)  DUE TO, OR  (c)	VHAT COUNTRY?  A.  OSPITAL, NURSINI OSEPH H  OSEPH H  SINC RESIDENCE SEFORE BALTIMON  O'BRIEN  160. SOCIAL SECUE  215-03-1  Incefor (a), (b), and  AS A CONSEQUE  LIVER  AS A CONSEQUE  LIVER	MARRIED  MARRIED  MIDOWEI  G HOME O  ADDRESS  OSPIT  ADMISSION  P  ADMISSION  ADMISSION  P  ADMISSION  AD	NEVER MARRIED DO DIVORCED DO DIVORCED DO ROTHER INSTITUTION  LISA INSIDE CITY LIMITS?  YES NO DO DIVORCED DO ROTHER INSTITUTION  IS MOTHER'S MAIDEN N.  FIRST  Anne  17. INFORMANT  Mr. W.E. MOOT  CARDIO-I  CARDIO-I  METASTAT  LIVER FA	P. BALTIMORE CITY O  BALTIMOR  120 USUAL OCCUPATION (1) PE OF WORK FOR MOST OF HOMEMAKEY  130. STREET ADDRESS 6201 Loch ADDRE  E 6201 Loch  PULMONARY  FIC CARCING	R COUNTY OF DEAT  E COUNTY ON 12b. KI F WORKING LIFE; INDUS  Raven B1  McC SSS  Raven B1v  ARREST BET	vd 21239  LAST  ormack  d Apt 40
TYLAND TYLAND TORTOWN OF DEATH  LTIMORE RESIDENCE (IF NURSING HOME OF ATE YLAND HER'S NAME FIRST MICHAEL S DECEASED EVER IN U.S. AR NOOR UNKNOWN) ROOR UNKNOWN) ROOR UNKNOWN) CIFYES, GN NO CONDITIONS	MIDDLE  RAMED FORCES?  WE WAR OR DATES)  MILY ONE COUSE PER BEST OF THE CAUSE (O)  DUE TO, OR  (c)	OSPITAL, NURSING FACILITY, GIVE STREET A OSEPH HI OSEPH HI OSPERATION TO WITH BALTIMOR BALTIMOR O'BRIEN AS A CONSEQUE LIVER	WIDOWEI G HOME O OSP IT ADMISSION) N P RITY NO. 476  CLAMO NCE OF ALLU	DIO DIVORCED	BALTIMOR  12e USUAL OCCUPATH (1YPE OF WORK FOR MOST O HOMEMAKEY  13e. STREET ADDRESS 6201 Loch  ADDRE e 6201 Loch  PULMONARY	COUNTY ON IZB. KI F WORKING LIFE I INDUS  Raven B1  McC SSS  Raven B1v  ARREST BET	vd 21239  LAST  ormack  d Apt 40
OR TOWN OF DEATH  LTIMORE  RESIDENCE (IF NURSING HOME OF ATE 18 COUNTY 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	MIDDLE  RAMED FORCES?  INTY  MIDDLE  RAMED FORCES?  IVE WAR OR DATES)  DUE TO, OR  (b)  DUE TO, OR  (c)	OSPITAL, NURSINI OSEPH H OSEPH	G HOME O GADRESS) OSP IT. ADMISSION) P. RITY NO. 476 CLAMO NCE OF ALLU	ROTHER INSTITUTION  TAL  13d. INSIDE CITY LIMITS? YES NO   15. MOTHER'S MAIDEN N. FIRST Anne  17. INFORMANT  Mr. W.E. MOOR  CARDIO-I  CARDIO-I  METASTAT  LIVER FA	IZE USUAL OCCUPATE (17PE OF WORK FOR MOST O HOMEMAKET  13e. STREET ADDRESS 6201 Loch  ADDRE  6201 Loch  PULMONARY  FIC CARCING	n Raven Bl  McC  SS  Raven Blv  ARREST	vd 2123 ormack
RESIDENCE (IF NURSING HOME OF ATE Y LAND HER'S NAME FIRST MICHAEL SO DECEASED EVER IN U.S. ARE NOOR UNKNOWN) (IF YES, GIV)  B CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	MIDDLE  RAMED FORCES? INE WAR OR DATES)  MIDDLE  RAMED FORCES? INE WAR OR DATES)  DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUE	ADDRESS) OSP TO ADMISSION) NO RE ATTY NO. 476 ALC ANCE OF ALL ANCE OF	ITAL	INPER OF WORK FOR MOST ON HOMEMAKER  138. STREET ADDRESS 6201 Loch  ADDRE  6201 Loch  PULMONARY  FIC CARCING	Raven Blv  Raven Blv  ARREST BE	vd 2123 ormack d Apt 40
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10. ACCIDENT WAS UNDERLYING DECONTRIBUTING CAUSE OF DEA	HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	EY IN ITEM 18 PART I OR PA	RT 2)
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D	1-19-8		NAME OF CE	EMETERY OR CREMATORY		COUNTY	51
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į		ATHER'S NAME		MIDDLE	LAST		15. MOTHER'	S MAIDEN NAM	AE MIDDLE		LAST	
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			e to immediate stating the <u>under</u>		R AS A GOUSTOU	ENCE OF	0	711	110		1	6
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-		22a. I certif	y that I taak char	ge of the remains d	escribed abave, he	d an Auta	osy 🔲 , 🖪	Inspection 4.	Inquiry,	and in my ap	inian	
		death resulte	d fram: Natu	ral couses	The state of the s	Suicide	, Memicid	e Unde	etermined manner	١.	1	1
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7		SIGNATURE	y provi	100/0	non	nag	1.D. 1	ME	DICAL EXAMINER	SIGNE	1	5
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		REGISTRAR				REG. NO.		
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1)		ANDREV	N W.	M	ORGAN	JAN. 14	1983	M
-	3. SE	х	4 RACE	5 DA	TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHO		ER 24 HRS
	100	M	W	~	ONTH / LA / C 3 YEAR	79	YRS. DAYS HOURS	MIN
-		RTHPLACE (STATE OR FOREIGN	7% CITIZEN OF WHAT CO	DUNTRY?		BALTIMORE CITY OR		
1	· °	OUNTRY) M.D.	W.SA		RIED NEVER MARRIED		COUNTY	MD.
-	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA		E OR OTHER INSTITUTION	12e USUAL OCCUPATIO	12h KIND OF BUSIN	
10		ESSEX	(IF NOT IN SUCH FACILITY,		- AVE	(TYPE OF WORK FOR MOST OF V	and the same of th	
	USU	AL RESIDENCE (IF NURSING HOME OF		RRAIN ENCE BEFORE ADMISS	E MES	PIPEFITT		
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22	14 17		MIDDLE	LAST	FIRST	MIDDLE	LAST	
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		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI		CIAL SECURITY N		ADDRES	cwings u	7/44
		VNK	210	05241	2 RICHARD	MORGAN	222 MIDEL	WEC
		18 CAUSE OF DEATH (Enter on	ily ane cause per line lar (	at, (b), and ich			APPROXIMATE INTO	ERVAL ID DEATH_
	13	PART I. DEATH WAS CAUSE	D BY. TE CAUSE (a)	ca	reliac a	irrest.		
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emation, other trai	6	Canditians, if any, which	DUE TO, OR AS A C	ONSEQUENCE	1 stomach.		DO 10 1 10 10 10 10 10 10 10 10 10 10 10 1	
		gave rise to immediate	(6)	La o	)			
		cause (a), stating the underlying cause last	DUE TO, OR AS A C	ONSEQUENCE	f			
	100	DIDITO OTHER CICHES	(c)					
	Z	PART 2 OTHER SIGNIFICANT (	ONDITIONS CONTRIBU	ING TO DEATH	BUT NOT RELATED TO THE TE	KMINAL DISEASE OR CONDI	ION GIVEN IN PART TO	
	CERTIFICATION	190 DATE OF OPERATION	LISE CONDITION FO	R WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS US	ED
7	SF.	apr:12 -82					IN CERTIFYING CAUSES OF DEA	ATH?
	1 2	210 ACCIDENT WAS UNDERLYING		noma o	37	VES NO V	YES NO	
9		OR CONTRIBUTING CAUSE OF DEA			AR III III III III III III III III III I	OKKED (ENIEK NATURE OF INJUK)	TIEM 10, PART I OR PART 2)	
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	튛	WHILE NOT WHILE	21e PLACE OF INJUR		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	-	AT WORK NOT WHILE AT WORK						
		22a L certify that (1) (this haspi	~ 17		3-24 19 7	, 10	, 19, that (I)	
		saw the deceased alive an abave, (1) (we) (did) (did na	7 - 17	19 33-	, and that in (my) (aur) apinio	an death accurred an the date	and hour and from the causes s	tated
		22b. SIGNATURE	1		DEGREE	1	224 DATE SIGNED	)
	1	10-	5. hel		ATTENDING PHYSICIAN	MEDICAL STAFF	NO 1-20-	83
-	1	224. PHYSICIAN'S NAME TYPE O	R PRINT)		22e ADDRESS		ARLEAST VICE I	
		H.S. LEE	MA. D		815 FACT	EDW BLIN	BALTOMA:	2122
	23a	BURIAL, CREMATION, REMOVAL	123b. DATE	23c NAME (	F CEMETERY OR CREMATOR	y 23d LOCATION	1 111/30	
		SPECIFY) RUBIAL	1/22/02	SACR		BALTO.	A CONTRACTOR OF THE CONTRACTOR	STATE
	24 F	UNERAL DIRECTOR	1-703	07.011	25a. D		LEFGISTRAR'S SIGNATURAL	
M 79	4	NAME		DORESS		JAN 21 1983	Journa	
3	V	. B. CONNEL	14 3	00 M	ACE	VIII.		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR XC 2	393 836	CERTII	ICATE OF DEATH	REG. N	0		
	ECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	JAMES	KENNETE	H MC	RTLOCK		1	8 83	12:02 A
1.5	EX	4 RACE	S. DATE (		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	R IF UNDER 24 HRS
1	MALE	WHITE	MONT	3 YEAR	85	YRS.	MONTHS DAYS	HOURS MIN.
70. E	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9. BALTIMORE CITY C		Y OF DEATH	
IN	EBRASKA	U.S.A.	WIDOWI		BALTIMOR	E COL	INTY	MD
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
	ORT HOWARD	W. A. MEDICAL	CENTURE		BING I NIDER		, , , , , , , , , , , , , , , , , , ,	
130 130	STATE (IF NURSING HOME OF STATE	DOTHER INSTITUTION, GIVE RESIDENCE BEI		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		26	7/5
1	MARYLAND PRIM			YES NO	12220 MAIJ	A LAT	20 NE	10
AL P	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN N.				AST
1	CHARLES	LEWIS MORTLO	OCK	SUSAN			CRAWF	ORD
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS		
1_	YES W		3848	CLINICAL R	ECORDS. VAMO	FOR	RT HOWA	RD. MD
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause per line far (a), (b).		Control to the control			APPRO BETWEEN	XIMATE INTERVAL
		ATE CAUSE (o) SEPSIS	AND BI	RONCHOPNEUMON	IIA		DA	YS
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	Conditions, if ony, which	( b) LEFT P	AROTID	ADENITIS		-	DA	YS
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF					
	underlying couse last.	(c)						
2		CONDITIONS CONTRIBUTING T				DITION GI	IVEN IN PART I	(a·
TION	The state of the s	IGOID, DIABETES				T		
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1 5	PL ACCIDENT WAS UNDERLYING	T AND THAT OF INCHINA		In now a may occur	YES NO		ES X	но 🗆
	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	ZIE HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18	PART   OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19	100.100.1				
MEC	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	CE FARM ETC )	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK		301	7/0	3 /0		03	
		oital) attended the deceased fram	0.0	nd that in (My) (our) opinion	, ta1/O	- A	19.83	, that 🍂 (we) last
1	obove A) (we) (did) (d.A.) 22b SIGNATURE	p 1/8 19 bt) view the bady after death.			deoin occurred on the di	ore and na		
	HUANG-TA LI	N ND Huns	0-T- Y	DEGREE	MEDICAL STAI	FF		E SIGNED
-	22d. PHYSICIAN'S NAME (TYPE		1	220 ADDRESS	DIRECTOR PHYSIC	IAN X	1 8	83
			0					
-	HUANG-TA LIN				FORT HOWARD,	MD 2	21052	
230.	BURIAL, CREMATION, REMOVA (SPECIEY) Burial	1- 12-83 F	Fairvi	ew Cemeter		Cra	aig NOk	lahom'a
24. F	UNERAL DIRECTOR	16000 Anna	polisk	250. DA	ATE REC'D. BY REGISTRAR	251 REGIS	TRAR'S SIGNA	TURE

BOWIE MD.

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14 FUNERAL DIRECTOR

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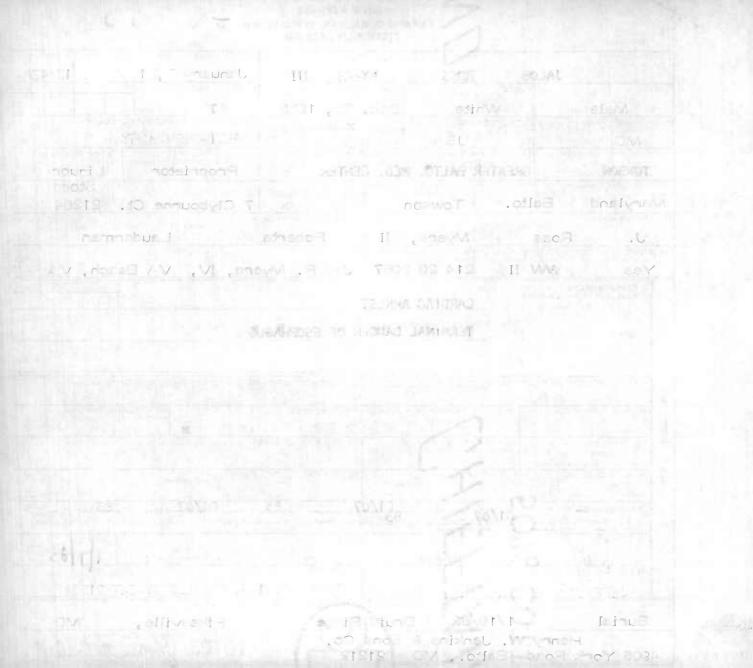
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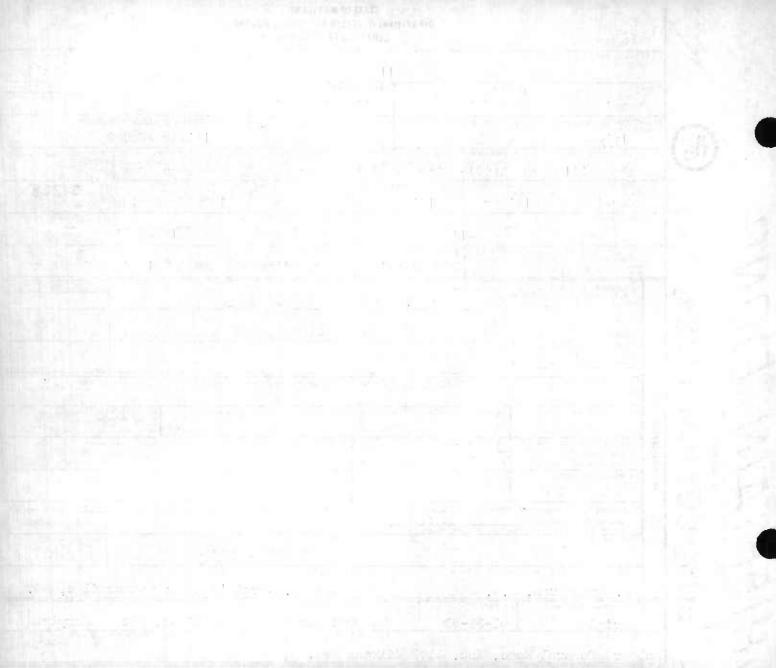
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		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	THE REAL		MONTH DAY	YEAR 26. HOUR	
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1	3. SE	0 \	4 RACE	S. DATE OF I	DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTH	ER I YEAR IF UNDER 24 HE	-
(N)	70 BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	7005	4, 1903	9. BALTIMORE CITY O	YRS.	EATH	
125		ARYLAND	U.S.A.	MARRIED WIDOWED	NEVER MARRIED D	Baltimore			MD.
Strate of the to	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR		120. USUAL OCCUPATH	ON 12 F WORKING LIFE) IN	KIND OF BUSINESS O	OR C
106	USU.	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION	6. INSIDE CITY LIMITS 3.	130. STREET ADDRESS		21234	
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Mes	14. FA	THER'S NAME	MIDDLE LAST	115	MOTHER'S MAIDEN NAM	WIDDLE		LAST	
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edico	- 0		RMED FORCES? 166 SOCIAL SECU	7 2 2	INFORMANI	RECORC			
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emoval.			nly one couse per line for (o), (b), on ED BY:  Docnivator		-+			BETWEEN ONSET AND DEAT	H
e e		MA Z Q G	TE CAUSE (a) Respirator		51				_
		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE						
er traum		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	4.7					
5 E		underlying cause last.			Brain Syndr	om			
fo buriol, njuny, or o	z	PART 2. OTHER SIGNIFICANT Probable Rheu	conditions contributing to umatoid Arthritis	DEATH BUT NO			DITION GIVEN IN	PART 1(a)	
ws any ir	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH		WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED	
of Health and Mental Hygiene p	IFI					YES NO	YES [	CAUSES OF DEATH?	
morked or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D.	AY YEAR	Pic. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART I C	R PART 2)	
÷ i	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	2	If. LOCATION	CITY OR TO	wn c	OUNTY STATE	
rked	×	WHILE NOT WHILE AT WORK	( AT HOME, STREET, FACTORY, OFFICE, F		01 00		15 .0	2	1
1 18			ital) ottended the deceased from January 15 19 19 19 19 19 19 19 19 19 19 19 19 19	83_, and	. 17	, todanuary death accurred on the de		from the couses stoted	
ltem ,		22b. SIGNATURE	n) view the body offer deoth.	DE	GREE			221. DATE SIGNED	
with the State Dept. of		1. Gamas	noto PGY-			MEDICAL STAI	IAN 🗌		
RTAP	-	224 PHYSICIAN'S NAME ITYPE	OR PRINT}		220 ADDRESS				
W A A		K. Yamamoto			9000 Frankli		.,21237		_
	23a. I	SURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1		AETERY OR CREMATORY	23d. LOCATION	cou	NTY MOOUL STATE	
-	2A F	SURIAL INFRAL DIRECTOR	74U-181183 B	ALTIC	MORE [ SM.	E REC'D. BY REGISTRAR		SIGNATURE	111
OM 4/B2	1	NAME	ADDRESS	1 00.	4.1.1 1	Chair.	A STATE OF THE STA		
5, 4)	1	UMNS run	leight Chape	XX6c	MACKETS .	1, 2,1022	4		

and who are a summer of the order The grant of the second of the

3		11	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAL HYG		(	0	6.4	98
			1. DE	CEASED NAME	FIRST		MIDDLE		ASI		REG. N 20. DATE OF DEATH		DAY YEA	R 2b.	HOUR
T.	a 4 3	T	(TYPE	OR PRINT)	JACO	В	ROSS	M	YERS	Ш	January	7. 1	983	112	2:42Pm
	10 m		3. SE.	(		4. RACE	11000	S. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BI	RTHDAY)	MONINS DA	EAR IF	UNDER 24 HRS
	100			Male	16.5	Wh	ite		. 26,	1925	57	YRS.	MONTHS	AYS HO	UKS MIN.
	2 40	30 1		RTHPLACE (STATE OF FO	DREIGN 7	b. CITIZEN OF	WHAT COUN	TRY? 8	NEVER	MARRIED -	9. BALTIMORE CITY			Н	
	urser un 7	22		MD			USA	WIDOWE	D D	NORCED	BALTIMORE				MD
201	by the filled with	36		TOWSON		GREATER	R BALTO		CENTER INS	STITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST I Proprie	OF WORKING	LIFE) INDUST	iquo	
., BALTIMORE, MARYLAND 21;	and	35	13a. S	al residence (if NURSI STATE aryland	13b. COUN		13t. CITY OR Tows	TOWN	13d. INSIDE	NO 🔀	13e. STREET ADDRESS 7 Clybour	ne C		Stor 120	_
RYL	( 報用	見か	14 FA	THER'S NAME FIRST	N	AIDDLE	LASI		15 MOTHER	'S MAIDEN NA	ME MIDDLE			1AST	
WA	/ CE	200			Ross		Myer			Roberta			derma	n	
ORE	pur und	b /		VAS DECEASED EVER	(IF YES GIVE	WAR OR DATES)		SECURITY NO.	17 INFORM		ADDR	200	145		
TIW	10 0	1		Yes	WW	II	214 2	0 3057	Jay	R. My	ers, IV,	VA			
BAI	to be	T.	1	18 CAUSE OF DEATH PART I. DEATH W.	AS CALISED	RV.							BETW	EEN ONSET	TAND DEATH
	nen hood	200		1000	IMMEDIATE	E CAUSE (o)	CARDIA	C ARRES	1						
TO	9000	2		1509		DUE TO, O	TERMIN	AL CANC	FR OF F	ESOPHAGI	K				
PRES	a to to to	100		Conditions, if ony, gove rise to imm	ediote	(0)				200, 1010	3				
201 W. PRESTON ST	by the	othe		underlying cause		DUE TO, O	R AS A CONS	EQUENCE OF							
05, 201	signed hen plec	njury, ar	Z	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	IN AL DISEASE OR CON	DITION G	IVEN IN PAR	THO	
COR	been been prior t	ony in	CERTIFICATION	19a DATE OF OPERAT	ION	19b COND	ITION FOR W	HICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	20b. IF YE	ES, WERE FIN	VDINGS	USED
LRE	ne de la	X	LIFIC								YES T NOT		IFYING CAU		DEATH?
DIVISION OF VITAL RECORDS,	ding physicial ding physicial is certificate he burial-transit   Mental Hygiel	18 sh		218. ACCIDENT WAS UND		21b. TIME C		DAY YEAR	21¢ HOW II	NJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART		
2	ding is cert buriol	or Hem	MEDICAL	(IF EITHER NOTIFY MEDIC			.M. OF INJURY	19	211 LOCAT	ION					
IVISIO	attend of the this s the b	morkedo	ME	WHILE NOT WHI	IE 🗀	(AT HOME, ST	REET, FACTORY, OF	FFICE, FARM, ETC )	STREE		CITY OR TO	WN	COUNTY		STATE
Δ .	R. Af	S mo		220.1 certify that 415	this hospite	ol) otteoded ti	y deceased for	01/0		_, 19_ 83	to01/07				(L) <sub>o</sub> (we) lost
	Spital CTOR: d for us	121		above, (decease				01		(our) opinion	death occurred on the d	ote and ha			
	AL OR AL the hosp AL DIRECT detached f ate Dept. o	IT: If hen		226. SIGNATURE	Nu .	8	There	7	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA		22c. D	TE SIGI	NED
	retained by the TO FUNERAL D should be detained with the State D	MPORTANT		JEFFREY	1		M. D.		226 ADDRE		1 N. CHARLE	S STR	EET 21	1204	
,	5 4 5 4 3	₹	23a 1	BURIAL, CREMATION, I		23b. DATE		23¢ NAME OF C			23d. LOCATION				
	BP			Burial		1/10		Druid			Pikes	/ille,	COUNTY	ME	STATE
DH	MH - 16 50M 4	1/82	24 FI	INERAL DIRECTOR	lenry	W. Je	enkins	& Sons	Co.	250. PAT	E REC'D. BY REGISTRAF	THE GR	TRAK'S SIGN	NATURE	0.0
	(VRA 15, 4)			FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.  4905 York Road Balto., MD 21212											



1	1-	FOR STATE REGISTRAR				EALTH AND MENTAL HYGICATE OF DEATH	REG. N	0.	U 4	7 7
Y		CEASED NAME FIRST	MIDDL	E	ı	AST	2a DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
11		Agnes	s W.	Ne I	1			1 28	83	9:10am
of other of	■ SE	x Female	* RACE White		S. DATE C	19 95	6 AGE (IN YEARS LAST BIRT	мо	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
B 9		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?			9. BALTIMORE CITY O	R COUNTY O	OF DEATH	
160	C	OUNTRY	USA			NEVER MARRIED	Baltimor			
W	5	Maryland ITY OR TOWN OF DEATH Catons ville	11. NAME OF HOSE		DRESSI	ROTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUS EKE	ON F WORKING LIFE)	126. KIND O	DF BUSINESS OF
and ball	USU. 13a S	ALRESIDENCE (IF NURSING HOME C STATE 1136 COU Mary Land Ba	INTY 13c	RESIDENCE BEFORE AL CITY OF TOWN Catonsvi		13d INSIDE CITY LIMITS? YES NO 🖄	130 STREET ADDRESS	derick	Ave.	1228
omplified Osci		THER'S NAME Jacob	Nell			15. MOTHER'S MAIDEN NA FIRST Lena	Muls	shefski		
Poges 1	(	VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES, GIV NO	VE WAR OR DATES!	12-36-13		Sr. Elizat	addre oeth 601 N	aiden	Choice	e Lane
physicion on popers. emovol. event, the		18 CAUSE OF DEATH (Enter of PART ), DEATH WAS CAUS	only one cause per fine	for ioi, ibi, and i	CIII	^			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
gned by the ottendin in please remove corb burial, cremation, or ry, or other traumatic	×,	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS	a consequen	CE OF	Levalte Com	JIO VAN. d	DITION GIVE	N IN PART 1	01
been si rmit. The prior to ony inju	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDING CAUSES	
R: After this certificate has use as the buriol-transit per lealth and Mental Hygiene is marked or Item 18 shows	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	9.10 P.M.	MONTH DAY	YEAR 198		RED (ENTER NATURE OF INJUI	EY IN ITEM 18 PAR	T 1 OR PART 2)	
ter this is the bu h ond M rked or	WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME, STREET, F	NJURY ACTORY, OFFICE, FAR	M, ETC.)	211. LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
of to		22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did n	n	27 195	7, or	d that in (my) (our) opinion	death occurred on the de		ond from the	
y the hos RAL DIREC detoched ote Dept. VI: If them		226. SIGNATURE	all_	3	1		MEDICAL STAI DIRECTOR PHYSIC	FF CIAN []	224. DATE	SIGNED
TO FUNERAL DIREC should be detoched with the Stote Dept.		N. Ravendran					tin's Home;	Caton	sville	, Md.
6 5 2 3 3	23a. §	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Cr	OUNTY	STATE
P		Burial	01-31-83	3		Cathedral	Baltimor		Mar	yland
H - 16 50M 1/76 /R A 15 (4) )	1	UNERAL DIRECTOR  NAME  bbard Funeral	Home, Inc.	ADDRESS 4107 Wi		177	N 3 1 1983	Jack Begstra	Sec. Co	thelp



1 - STATE

REGISTRAR

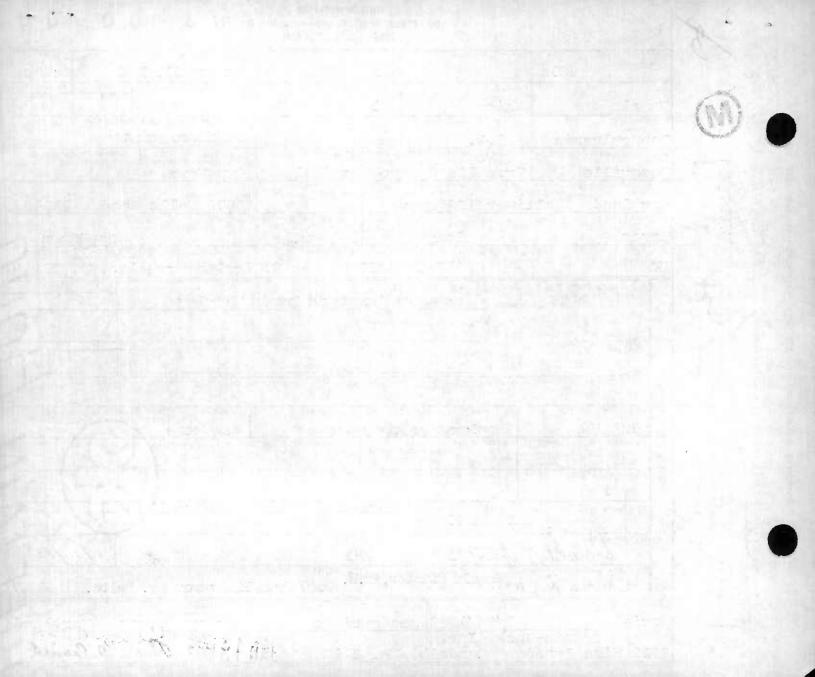
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		CEASED NAME	FIRST		MIDDLE	ı	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R
	(TYPE	OR PRINT)	Ella	В		NIC	EWONGER	1131	January 1	1, 19	983	9:40	Dam
	3. SEX	X		4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER	_
	Fe	male		White		MONTH	5	1916	67	YRS.	MONTHS DAYS	HOURS	MIN.
1		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MAI		9 BALTIMORE CITY O		Y OF DEATH		
9	_	nnsylvan	ia	U.S.A.		WIDOWE			Baltimore	Cour	nty		MD.
1	10 CI	TY OR TOWN OF DE	ATH	11. NAME OF H	HOSPITAL, NURSIN		OR OTHER INSTITU	MOITI	120 USUAL OCCUPATI	ON	128, KIND O	F BUSINE	
1	-	ssville	ov B	Frank!	lin Squa	are H	Hospita:	1	Own Home		INDUSTRY		
	13a. S	AL RESIDENCE (IF NUR	136 COUN	ITY	GIVE RESIDENCE BEFORE		13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS				
		ryland	Balt	timore	Edgemen	re	YES N	○ <b>▼</b>	2820 Wel	ls 1	Road	212	19
4	14 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S M		AE MIDDLE		LAS	T	
4	_	yes			Long		Ber	tha			Not Ki		
1	C-AW	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRI		20 Wel.		
1	No	1			217-20	-9220	Zeddi	e R.N	Nicewonge	r-Ba	lto.MD	. 21	219
		18 CAUSE OF DEAT	H Enter on	y one cause per	line for (a), (b), an	id (c)					BETWEEN	MATE INTER	VAL
1		PART I. DEATH W		E CAUSE (a)	Extensiv	re Met	astatic	Ovaria	an Carcinom	a			
1		1830		DUE TO OI	R AS A CONSEQUE	FNCE OF				7194			-
		Conditions, if any	, which	(b)									
		gove rise to im- cause (o), statu		DUE TO OF	R AS A CONSEQUE	ENCE OF							
		underlying couse	last.	(c)	CAS A CONSEQUE	LIVEL OF							
		PART 2 OTHER SIG	NIFICANT C		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN PART 11		
	ŏ.	in the second											
-	CAI	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?		ES, WERE FINDIN		
and the	CERTIFICATION	12/29/82		Exp]	oratory	Lapar	otomy		YES NOTE	,	ES []	NO [	
2		210. ACCIDENT WAS UN	-	1100.00		AY YEAR	21c. HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	, PART 1 OR PART 2)	1	
	MEDICAL	OR CONTRIBUTING		I H		19	196						
	(ED)	21d INJURY OCCUR	RED	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE F	4D44 575 1	211. LOCATION		CITY OR TO	WN	COUNTY	6	TATE
-	2	AT WO AT WO	HILE	(AI HOME, SIR	EET, PACTORY, OFFICE Y	ARM, EIC )	3.862						
_		220.1 certify that X	(this hospit	al) ottended the	deceased fram_	Dece	mber 2	19_82	_, to January	11	, 19.83	that <b>X</b> (v	ve) lost
1		saw the deceas abave, xt (ye) (	ed alive an	January	ofter death.	<b>83</b> , or	nd that in (🌠) (au	r) apinian d	leath accurred on the de	ate and ho	our and fram the	causes sta	ted
-1		176 SIGNATURE	11	11			DEGREE				22c. DATE	SIGNED	
		Vine	ald /	white.	ms		PHY	NDING SICIAN	MEDICAL STAI		1/1	1/8:	3
1		22d. PHYSICIAN'S N.	AME (TYPE OF	PRINT) Dong	ld Dight	on M	22e ADDRESS						43
Ш		DONALI	s Xic	hterina	ld Richt	er, M	9000	Frank	clin Square	Dr.	Balto.	MD 2	1237
	23a. B	URIAL, CREMATION,		23b. DATE			EMETERY OR CRE		23d. LOCATION	-	-		
	Bu	rial		1/14/	/1983 Me	eadow	ridge		Dorsey	Howa	ard Ma	ryl	and
1	24 FL	NERAL DIRECTORD	uda-I	Ruck,	Inc.			25a. DATE	REC'D. BY REGISTRAR				4
		22 Wise		ue Di	ındalk,	MD.	21222	LJA	N 1 3 1983	She	2. C	chiel	a.

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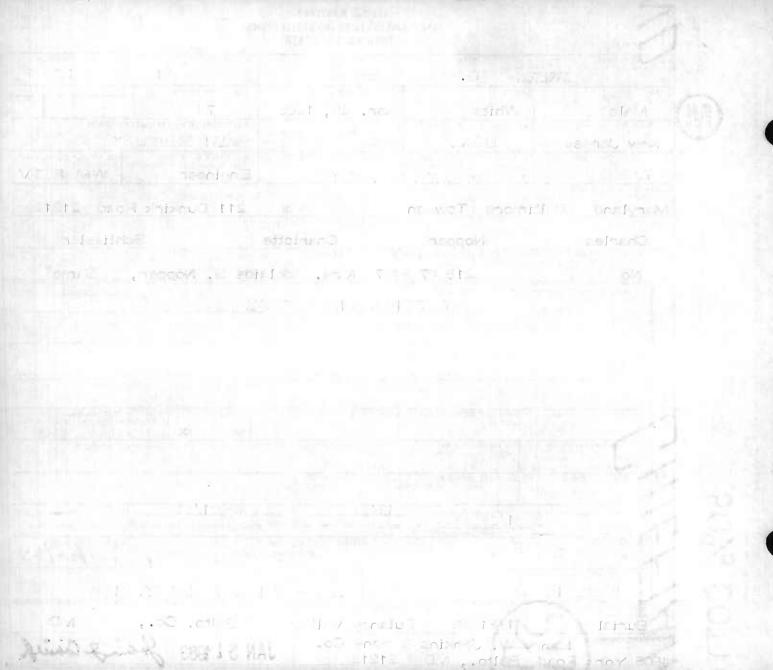
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3	- 1	9	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH		G. NO.	0 :	5 0 2
			DECEASED NAME	FIRST		VIDDLE		AST	20. DATE OF DEA	нтиом НТ	DAY YEAR	2b. HOUR
	y be			CARL	TON C	Э.	NO	PPER		01	28 83	1:20 P <sub>M</sub>
	a mo	1	SEX	33.18	4. RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS)	AST BIRTHDAY)	MONTHS DAYS	
	Poge A	A N.	Male		White		Apr	. 20, 1908	74	YRS.		
111	E 25	1	O. BIRTHPLACE (ST		76 CITIZEN OF		RY? 8. MARRIE	NEVER MARRIED	9. BALTIMORE C			
	deoth.	60	New Jer		US		WIDOWE	D DIVORCED	BALIIM	ORE COUN		MD. OF BUSINESS OR
	offer	27		)F DEATH	(IF NOT IN SUC	H FACILITY, GIVE ST	REET ADDRESS)		(TYPE OF WORK FOR	MOST OF WORKING LI	FE) INDUSTR	Υ
201	o su de	160	TOWSON	IF NURSING HOME (	GREATE	R BALTO	MED.	CENTER	Engine	er	I VVI	MAR TV
021	24 ho	25	3e. STATE	13b. COL	INTY	13c. CITY OR T	OWN	13d. INSIDE CITY LIMITS			Dand	04040
IAN			Maryland	Bal	timore	Tows	on	YES NO X		unkirk 1	Roau	21212
MARY	within pletely and 2 sho	30	Charle		MIDDLE	opper		Charlott	MI	DIE	chliss	AST
	comp comp s 1 on	. 1	60. WAS DECEASED				ECURITY NO.	17. INFORMANT		ADDRESS	Cittiss	
BALTIMORE	e execu ond c Poges medico		NO OR UNKNO	VN) (IF YES, G	IVE WAR OR DATES)	216 07	8487	Mrs. Ade	laide S	Nonner	S	ame'
ALTI	icion icion pers ol.	V	T	DEATH (Enter (	only one couse per			17113. 7100	iaide O.	NOPPCI,		DXIMATE INTERVAL N ONSET AND DEATH
	phys n pop move vent,		PART I. DE	ATH WAS CAUS	ED BY: ATE CAUSE (o)			ARCINOMA OF	COLON			
N S	ding or re		15	30		R AS A CONSE						
PRESTON	deoth ottend ove co tion, o			f ony, which	(b)	CAS A CONSE	OULINCE OF					
P. P.	not the deoth control by the ottending se remove corb. I, cremation, or other troumatic			o immediate stating the	DUE TO, OF	R AS A CONSE	OUENCE OF					
*	that d by leose iol, cr		underlying	couse lost.	(c)							
5, 201	quires signed Then pla ta buris njury, o			RSIGNIFICANT	CONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION GIV	EN IN PART	110,
O DIVISION OF VITAL RECORDS,	requence series		NO 190 DATE OF C						20a AUTOPSY	2 Teat If Mr	S. WERE FIND	IN COLUMN
REC	low os be repri	2	190 DATE OF C	PERATION	196 CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFORMED		IN CERTI	FYING CAUSE	ES OF DEATH?
TAL	in. The landsicion.	40	21a ACCIDENTA	VAS UNDERLYING	21b. TIME O	FINITIRY		21c. HOW INJURY OCC			ES C	№ □
¥ .	ZYOOTS	9	OR CONTRIBUTE	G CAUSE OF D	EATH HOUR A.	M. MONTH		THE WOOL WOOK OCC	TENTER INATORE	or injust in them to	PART OR PART 2)	
ON C	HYSICIA Iding ph ins certifi burial-th Mentol	/	(IF EITHER, NOT	FY MEDICAL EXAMIN	P./ 21e. PLACE (	-	19	211. LOCATION			31	
C NSIN	PH then the the the cond		WHILE AT WORK	NOT WHILE		EET, FACTORY, OFF	ICE, FARM ETC )	STREET	CIT	Y OR TOWN	COUNTY	STATE
6	Or o or o Afte Oith mort				oital) attended the	e deceased fro	m 12/2	26 19 8	2 to 17	28	19_83	, that the (we) last
	TEN Infol IOR: or us of He			leceosed olive o	4 / / 3 / 3		07	nd that in <del>(my</del> ) (our) opini	ion deoth occurred on	the date and ha		
	hosp hosp hed feed feed feed feed feed feed feed	- 1	22b. SIGNATU		• () ()	otter beath.		DEGREE			22c. DA1	TE SIGNED,
	0 0 0 0 0		1	27	who			ATTENDING PHYSICIAN	MEDICAL DIRECTOR DE	STAFF HYSICIAN 🔀	1	128/83
	SPITAL of by the INERAL II Ibe detoine Stote II Italian	7	22d. PHYSICIA	N'S NAME (TYPE	OR PRINTI			22e ADDRESS				
	TO HOSPITAL retoined by th TO FUNERAL should be deter with the Stote	14	SAF	VA GIRD	HAR			GBMC - 67	01 N. CHAF	LES ST.	21204	
	Of STANK		30. BURIAL, CREMA				23c. NAME OF C	EMETERY OR CREMATOR	RY 23d. LOCATIO	N N	COUNTY	CTATE
	BP		Burial		1/31/	/83	Dulane	ey Valley	Balto	. Co.,	COUNTY	MD STATE
	DHMH - 16 50M 4/B2	2	4. FUNERAL DIRECT	or Hen	ry W.	Jenkins	& Sor	ns Co. 250.	DATE REC'D. BY REGIS		TRAR'S SIGN	ATURE
	(VRA 15, 4)	_	4905 Yor						JUN DI B	33 0	mo	many.

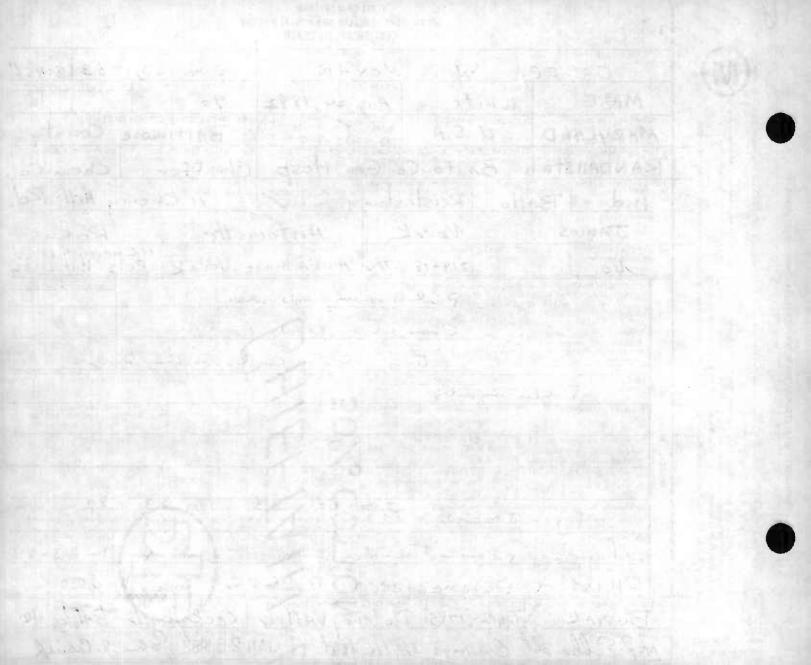
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1/	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	YGIENE 8	3 0 REG. NO.	0 5	0 3
35/2		CEASED NAME FIR	ace.	AIDDLE	h 1	OFFIS	2a. DATE OF D	EATH MONTH	7 83	26 HOURGE
	3. SE		4 RACE		5. DATE C	- 140	6. AGE (IN YEA	RS (AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
M		Female	White		MONTH	DAY YEAR 21, 1899	83	Vns	MONTHS DAYS	HOURS MIN.
4 2 1	70.0	RTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	8.		9 BALTIMORI	CITY OR COUNTY	Y OF DEATH	
SE 2/	6	Penna.	U.S.A		WIDOWE	DI NEVER MARRIED DIVORCED	L L	.TO. Co.	NTY	MD
11 100	10. C	TY OR TOWN OF DEATH	11. NAME OF H		NG HOME C	R OTHER INSTITUTION	12a USUAL OC	CUPATION OR MOST OF WORKING LI		BUSINESS OR
11 90	,	Towson	MANON	CARE		HTON		Vurse's A.		
13/10/	USU 13a S	AL RESIDENCE (IF NURSING H	OMFOR OTHER INSTITUTION	GIVE RESIDENCE BEFOR		1136 INSIDE CITY LIMITS?	13e. STREET AD			
意見力り		Maryland		Baltimo		YES X NO		. 36th St	. 21211	
12 st	14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN N	IAME	MIDDLE	LAST	
ld mo		William	George	Ras	h	Angeline		MIDDLE	Mann	
ond co		VAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166. SOCIAL SECI	JRITY NO.	17 INFORMANT		ADDRESS		
Poor		No	es, one wanton pares,	220-14-1	881 A	Richard L.	Norris	746 Ann. Sané/a	eslie Ro	1. 21212
os been signed by the e-mit. Then please rem is prior to busiol, eremo is day injury, or other to	CERTIFICATION	gove rise to immedia couse (a), stoting to underlying couse to PART 2 OTHER SIGNIFIC AS COVERNIES OF OPERATION	DUE TO, OF	agric	DEATH BUT	NOT RELATED TO THE TER BYI LLATION WAS PERFORMED	RMINAL DISEASE (	SY? 206. IF YE	VEN IN PART ITO	GS USED
1100	ERT	21g. ACCIDENT WAS UNDERLYIN	NG T 216, TIME O	F IN II IPV		21c. HOW INJURY OCCU			S 🗌	NO []
# # # W		OR CONTRIBUTING CAUSE	OF DEATH HOUR A.	M. MONTH D		THE HOW INJOKY OCCU	KKED (ENTER NATU	SE OF INJUSA IN ILEW IR I	PART I OR PART 2)	
Mant Mant	MEDICAL	(IF EITHER NOTIFY MEDICAL EX	AMINER) P.A 21e. PLACE (		19	211. LOCATION				
1 3	ME	WHILE NOT WHILE	(AT HOME STR	EET, FACTORY, OFFICE,	FARM, ETC )	STREET		CITY OR TOWN	COUNTY	STATE
oched for use as Dept. of Health Filtern 21 is mort		22a.1 certify that (I) (this	hospital attended the	1 1 7		d that in (our) opinio		on the date and hou		
7 d d d		las	1		/	PHYSICIAN		PHYSICIAN [	1//	878-3
should be should		22d PHYSICIAN'S NAME KHIN	·M. 7.	W.		210 Pot	spring	fond	2 md	21093
	(	URIAL, CREMATION, REMO	236 DATE 1/20/8		NAME OF C		CITY OR	TOWN Baltin	county More Mar	
16 50M 1/81 (A 15, 4)		INERAL DIRECTOR NAME Leonard J. R	uck, Inc.	ADDRESS Baltimor	e, Md.		AN 181	185 REGIST	RAR'S SIGNAT	Phiers.

CHAPTER OF WALL

12	1				OF MARYLAND			
O	1	FOR STATE REGISTRAR	DEI		ALTH AND MENTAL HY	GIENE 8 3	0 0	5 0 4
6		CEASED NAME FIRST	WIDDLE	LA	51	20. DATE OF DEATH	MONTH DAY YE	AR 2b HOUR
(M)		JOSE G			IAK	Jan.		
oge 4 mo	3. SE	MALE	White	S. DATE O	BIRTH . 1892	6. AGE   IN YEARS LAST BI		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
death. Pog unerol dire- hin 72 hour.	₹a. 8	STATE OF FOREIGN	76. CITIZEN OF WHAT COUP U.S.A	MARRIED WIDOWE	NEVER MARRIED DIVORCED		move C	ounty MD.
s ofter of the full with filled with	10.0	EANDALISTOCI	11. NAME OF HOSPITAL, N (IF NOT) SUCH FACILITY, GIVE	STREET, ADDRESS)	en. Hosp	TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUS	nd of business or stry hem. Co
filled in ould be	USU 13e.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY)	ITY 134 CITY OF	RTOWN,	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	Cherry 1	Hill Rd.
ed withir	14. F.	James	MIDDLE NOL		15. MOTHER'S MAIDEN N Anto	enette MIDDLE	R	okus.
on ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GN	MED FORCES? 16b SOCIAL 214-	SECURITY NO. 18-6716	AUNA MA	ME NOVAK	11 CHEVI	Med 21136
that the death certifica d by the attending phys lease remove carbon pos tol, cremation, or remove or other troumatic event,		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE HAMEDIA' Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	D BY: E CAUSE (o)  DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	SEQUENCE OF	in hant India Co	failure ndionore	an deside	PROXIMATE INTERVAL WEEN ONSET AND DEATH
en signe Then pl or to bur	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	<u>G TO DEATH</u> BUT I	OT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PAR	रा 1(०
The low icion.  The low icion.  It hos be sait permit giene prices shows on prices.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAL YES	NDINGS USED USES OF DEATH? NO
Z 2 0 0 4 8		21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEAL IF EITHER, NOTIFY MEDICAL EXAMINER	TH HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PAR	T 2)
구 는 수 하 한	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN COUNT	Y STATE
R ATTENDING hospitol or off hospitol or off RECTOR. After sed for use of pt. of Heolth o em 21 is morke		220. Lecrtify that (1) (this haspi sow the deceased live on above, (1) (well (did)) did no	tol) ottended the deceosed to the state of t	19 <b>33</b> , one	that in (my) (our) opinio	n death occurred on the d		the couses stated
the horn of DIRE etoche te Dept		Shores	Downs	1 00 0	EGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	- 23 - 83
HOS ined FUN old b		GHA33EM	POURMO	TABBER	220 ADDRESS		n. Hozi	J.0
BP	23a.	BURIAL, CREMATION, REMOVAL	123b. DATE 1983	_ /	METERY OR CREMATORY	CITY OF BOWN	suille coup	alto lud
DHMH - 16 50M 4/B2	24. F	UNERALDIRECTOR LA COL	1 Darings	-	25a. D	AN 26 1983		CALLER



	STATE OF MARY
-OR	DED A DYSAFRIT OF HEALTH AND

LAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	- 19	
8	3	
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'	REGISTRAR				CERTIF	FICATE OF DEATH	REG. I	NO.				
	CEASED NAME	FIRST	1	MIDDLE		LAST	20. DATE OF DEATH		DAY	YEAR	26 HOUR	
		bert	V	. #	Ohl	Lendorf	Ja	nuary	9,	1983	8 A	1
3 SEX			4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST B	IRTHDAY)	_	DER I YEAR	IF UNDER 24	
Male			White		Sept. 24, 1903		79	YRS	MONTH	S. DAYS	HOURS	MIN.
BIRTHPLACE (STATE OR FOREIGN			76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED		9. BALTIMORE CITY OR COUNTY OF DEATH					
Kentucky			U. S. A.		WIDOWED DIVORCED		Baltimore County					M
Lutherville			(IF NOT II) 155	01°Cranwe			12a. USUAL OCCUPA	USUAL OCCUPATION 126 KIND OF BUSINES INCLUDED THE PHARMACIS				S OF
13a S	AL RESIDENCE (IF NUR. STATE ryland	13b CQUI		GIVE RESIDENCE BEFORE 134 CITY OR TOW Lutherv		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	anwell	l Ro	oad	ZIC	9
14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE			LAST		
	Albert		Ohlendo			Henrietta	a		Vannerson			
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (18 YES, GIV			MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDI	RESS				
			212-07-		341B	Margaret E. Ohlendorf, Same				as #13e		
TION	Conditions, if any gave rise to im- cause (a), status underlying cause	(b) DUE TO, O: (c)	R AS A CONSEQUE	NCE OF		NIMAL DISEASE OF CONDITION GIVE						
	190 DATES OPERATION 196			END SCE	wor		ascular MEase					
CERTIFICATION	196 CC			ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOTE	IN CERTIFYING CAUSES OF			OF DEATH?	
MEDICAL CE	210, ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DE	HOUR A.	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 18 I	PART I OF	R PART 2)		
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  21e PLACE (AT HOME, ST		OF INJURY  BET, FACTORY, OFFICE, FARM, ETC.)		21f LOCATION STREET	CITY OR TOWN		cc	COUNTY STATE			
	270.1 certify that (I) (this hospitals attended the deceased from											
	alpel y Osaman 1 -s					DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN				22c. DATE SIGNED		
	22d PHYSCIAN'S NAME (TYPE OR PRINT) Altred E. Ossman, Jr. N.D.					1101 St. Paul Street, Baltimore, Md.						
23a B	URIAL, CREMATION,	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION					_

DHMH-16 50M 1/B1 (VRA 15, 4)

O FUNERAL DIRECTOR

MPORTANT

Burial

23b. DATE 1-12-83

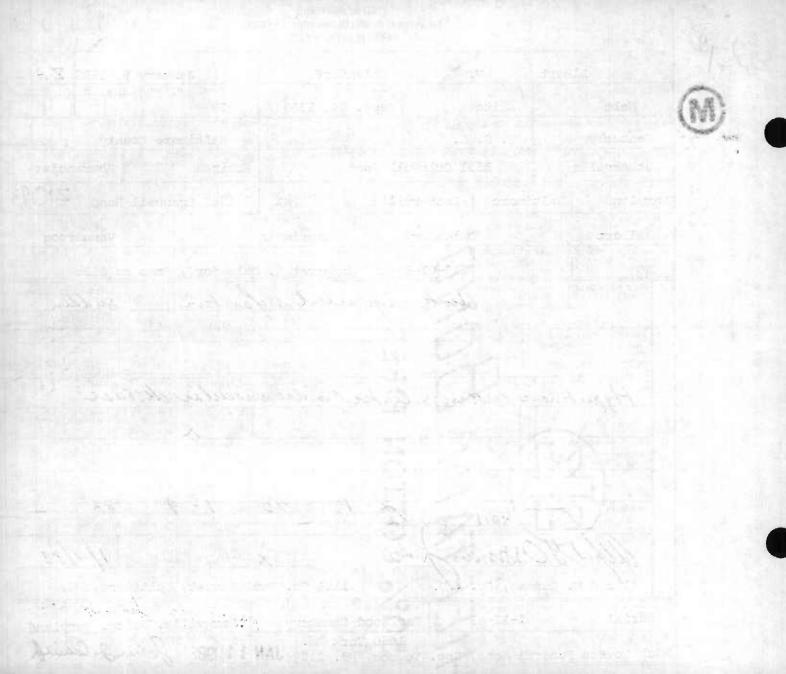
23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
Parkville, Balto. Maryland Parkwood Cemetery

24 FUNERAL DIRECTOR

ADDRESS 1050 YORK Rd. 250 DATE REC'D.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204JAN 1



20M 4/82



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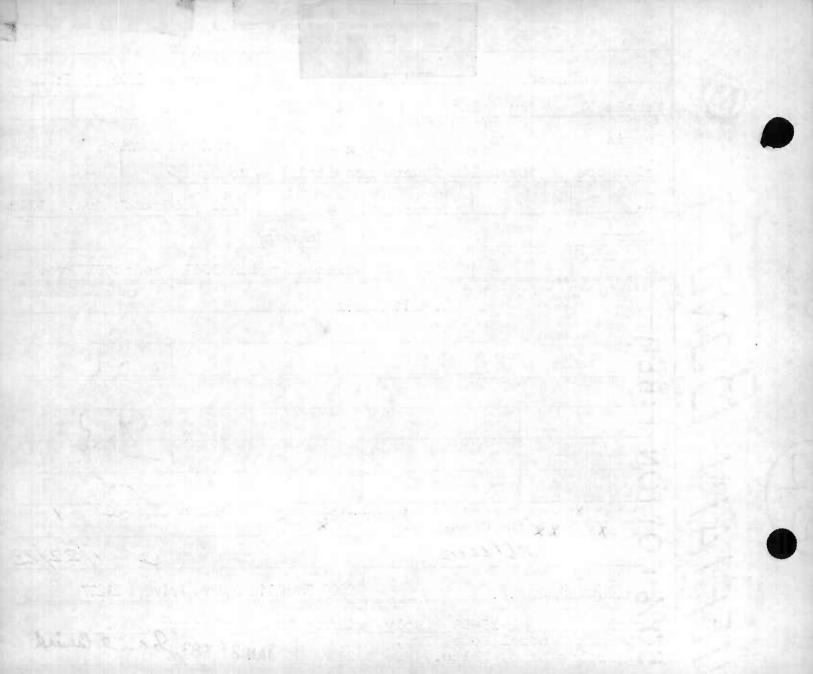
Samuel E. Charlenan Asher Samuel

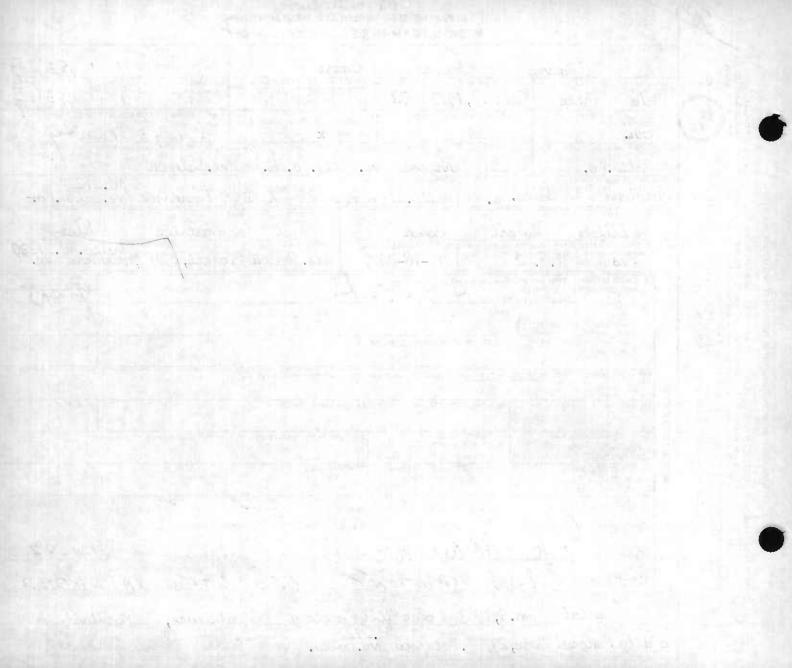
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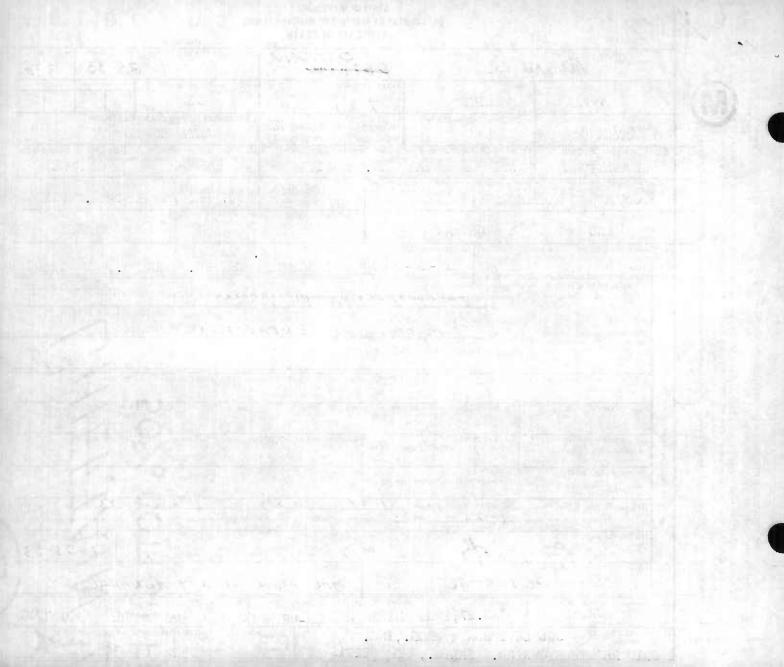
6010 REISTERSTOWN RD. BALTO. MD

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH 7b. HOUR I. DECEASED NAME FIRST (TYPE OR PRINT) 8, 1983 Mina Elizabeth Otto Januaru & AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR White Female. 8 1890 9. BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore County DIVORCED WIDOWED Maryland U.S.A. ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) Dundalk 7014 - A Mornington Rd Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STREET ADDRESS 7014-A Mornington Rd Baltimore Dundalk 134 INSIDE CITY LIMITS? Maryland YES [ NO P 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDOLE LAST Mollie M. Samuel B. Mvers Furry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 2 Newship Road (YES, NO OR UNKNOWN) LIE YES, GIVE WAR OR DATES! 213-32-8975 No Ember L. Williams Balto. MD 21222 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c Congestive Heart Failure I vear PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Pleural Effusion l vear Conditions, if any, gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Cardiovascular Disease 1966 underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION Atrial Fibrillation l vear 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO [ 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 LIE EITHER NOTIFY MEDIC ALEXAMINER P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION 0 COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 1983 1966 220.1 certify that (1) (this hospital) attanded the decreased from sow the deceased alive on obove, (I) (we) (with a finite decease) and that in (my) (and approximate on the date and hour and from the causes stated 22b. SIGNATURE 22r. DATE SIGNED DEGREE

ATTENDING

PHYSICIAN

14 East Eager St

22e ADDRESS

23r. NAME OF CEMETERY OR CREMATORY

St. Luke's Winters

MEDICAL

DIRECTOR PHYSICIAN

New Windsor

23d LOCATION

DHMH - 16 50M 4/82

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FUNERAL I MPDRTANT

0

24 FUNERAL DIRECTOR NAME DUCA-RUCK FUNERAL HOMEADING. (VRA 15, 4) 7922 Wise Ave Baltimore, Md 21222

224 PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL CREMATION, REMOVAL

Burial

Wilfred H. Townshend

23b. DATE

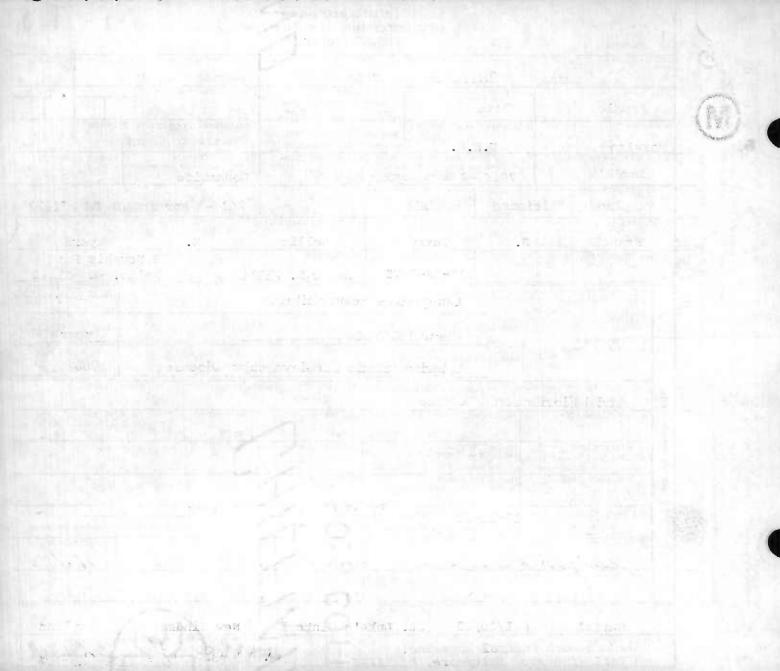
1/10/83

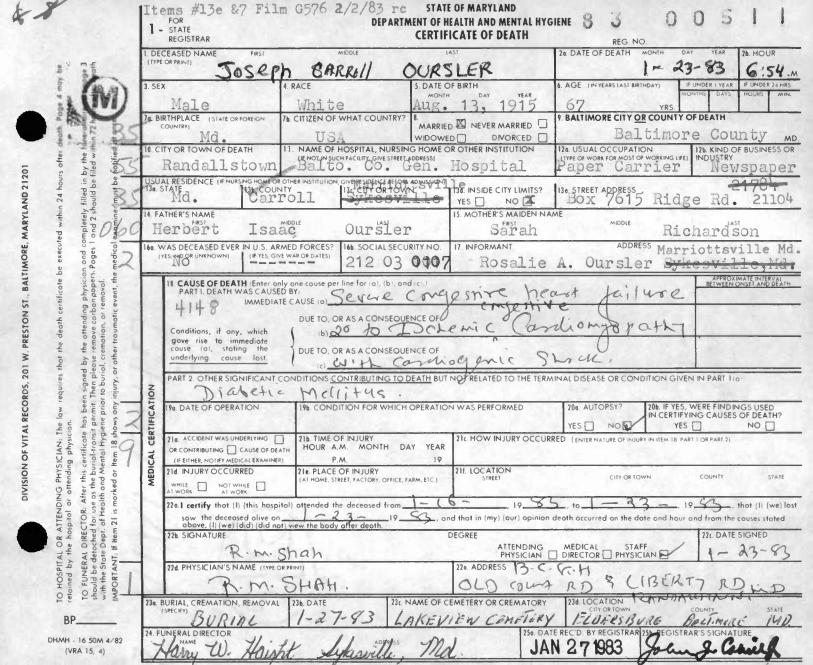
250. DATE REC'D. BY REGISTRAR 256 TO GISTRAR'S SIGNATURE

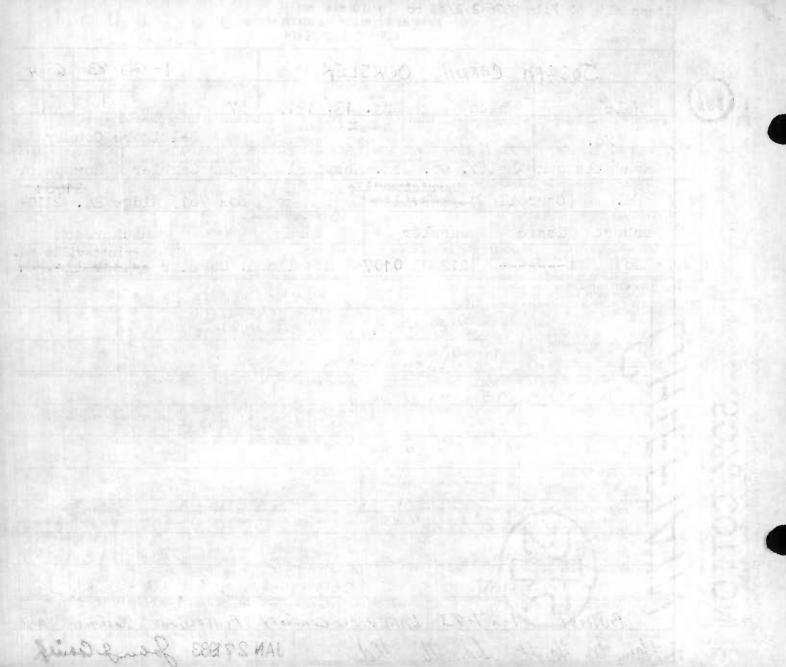
Baltimore.

Maruland

Maryland







RUCK TOWSON. 1050 YORK RD. Towson, Maryland

REGISTRAR XC 07512541

DECEASED NAME LIYPE OR PRINTS

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

212054

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

22c. DATE SIGNED

1/26/83

MANYLAND U.S.A.

PAG PAG

CARD OF YOUR

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SA ZI 216 13 1621 CHARTCAN IN XORD, VALCE, CORT HOMAIN, MARTEN DO

BROWN TOWN THE STATE OF THE STATE OF

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BARRE VALUES.

BONN HIVASTON PARK, THE TURNETHANS.

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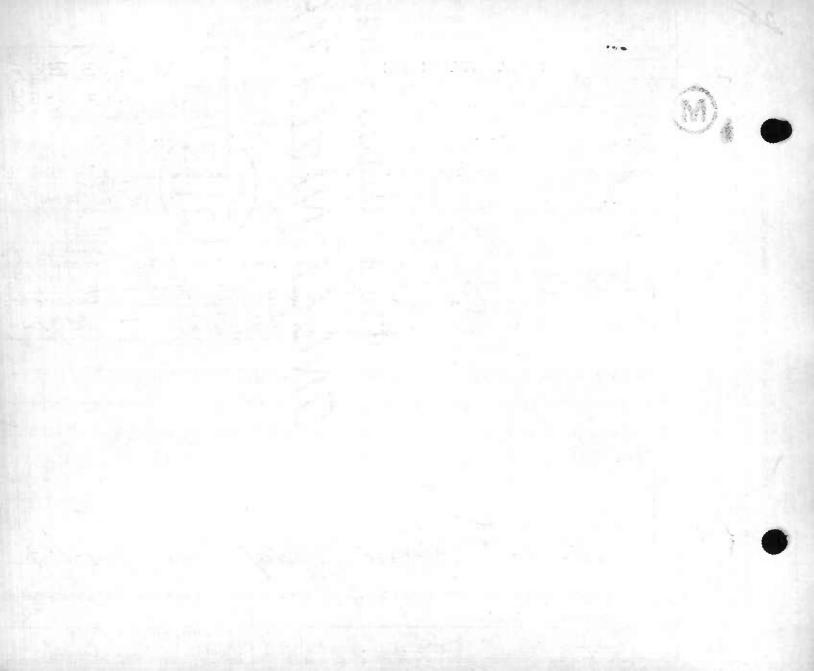
AMBROS COMBET N.P.

JUCK NORTH, 1050 YOUR III, IN SERVE WHEN SERVE WAS TELL

20/25/33

A 01.3

	FOR STATE REGIST	RAR			DICAL EXAMI	F HEALTH				0 0	5 1 3
	1. DECEASED (TYPE OR PRIN		FIRST	ONALD PA	ALUBINSKI		LAST		20 DATE KNOWN OF ESTI- DEATH MAJER	MONTH DA	3 1923 3
	Mal	e Wh	ce nite	5. DATE OF BIRTH	YEAR LAST BIRTI			URS MIN.	PRONOUNCEA DEAD O	JAMY 3	YEAR 24 1
5	BIRTHPLA FOREIGN CO	CE (STATE OF		76. CITIZEN OF WE	HAT COUNTRY?	8 MARRI WIDOW	ED A NEVER	MARRIED [	9. BALTIMORE CITY Balto.		
7	10. CITY OR T	OWN OF DE	ATH	11. NAME OF HOS	PITAL, NURSING HOL CILITY, GIVE STREET ADDRESS Ler Balto.	5)	ER INSTITUTION	12a. US FOR	UAL OCCUPATION (T MOST OF WORKING LIFE)	YPE OF WORK 12b.	KIND OF BUSINES OR INDUSTRY ir Fresh
	TOWS USUAL RESID STATE	Md.	13b. COUNT	ROTHER INSTITUTION, GIV	13c. CITY OR TOWN	SION)	13d. INSIDE CITY LIV		REET ADDRESS 309-D Socie	501-00	4
	14 FATHER'S FIRS Edwar	T		MIDDLE	oinski		15. MOTHER'S FIRST	MAIDEN NAM		Gla	
	160. WAS DEC (YES, NO, OR NO	UNKHOWN)	R IN U.S. ARM	MED FORCES? WAR OR DATES)	166 SOCIAL SECUR		17. INFORMAN	T	ADDRES	S Cockey	sville.
	PART 2	over rise to use (a) station and course lass	og the under		ONSEQUENCE OUT ADT RELATED TO THE TE	RMINAL DISEASE				20	AUTOPSY?
	CONT		OR CAUSE OF D	EATH P.M.	MONTH DAY YE	AR		CURRED (ENTER	NATURE OF INJURY IN ITEM 1	B PART 1 OR PART 2)	YES NO
	WHILE AT WO	ORK AT V		STREET FACTO	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		SIN OR TOWN	COUNTY	Sĭ
	deoth ACTU SIGNA EXAMI (TYPE 0	NER'S NAME OR PRINT)	M: Notwe	al causes 4	Jonne	Autops	Homicide VLE (SPE	MED	Permined monner	DATE SIGNED	3/83
	(SPECIFY)	Remov	val	1/6/83	23c. NAME OF C	EMETERY OF		CITY	OCATION OR TOWN	COUNTY	STATE
	24. FUNERAL NAME		ny Boai	ADDRESS	Balto.,	Md.	250.	AN 1 9	registrar 256. Rec	GISTRAR'S SIGNA	ATURE



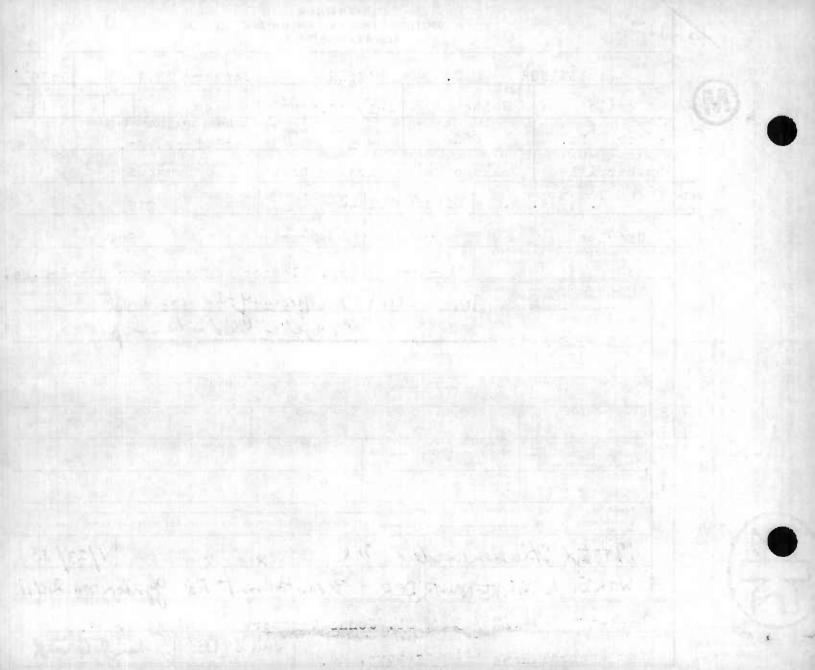
Reisterstown. Md

Funeral Home

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



2 Saling Lorent Line / Frankling Control of the Will From D. M. Come of Johnson The state of the s man the test the comment of the state of the Constitution of the state of th Mes i Type me - 1-6 you to The war in the way to war. JAN 71833 Joing Carrel

(VRA 15, 4) 7/78



injury, or other troumatic event, th

STATE OF MARYLAND										
DEPARTMENT O	FHEALTH	I AND MENT	AL F							

1	- STATE REGISTRAR			DEFARIN		ICATE OF DEATH	JIENE C	REG. NO	o.		
	PECEASED NAME	FIRST		MIDDLE	ı	AST	2a DATE C	FDEATH	MONTH (	DAY YEAR	26 HOUR
	TE ON PRIMALLY	Rober	t Edwa	ard PATTE	RSON.	Sr.	Janua	rv 22	1983	3	3:03a M
3. 5	EX	4, 1	RACE		5. DATE C		6 AGE (IN	YEARS LAST BIR		IF UNDER I YEAR	
	Male		Neg	ro	Sept			82	YRS.		
7a.	BIRTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIM	ORE CITY O	R COUNTY	OF DEATH	
1	Virginia		U.S.	A.	WIDOWE		Balti	more	County	,	MD
	CITY OR TOWN OF DEA			HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL	OCCUPATI	ON E WORKING LIF	12b. KIND HIDUSTRY Beth	OF BUSINESS OR
	Baltimore					Hospital	ьа	bore:			0.000
130	ual residence (if Nurs state aryland	Balt	imore	Baltim	ore	13d. INSIDE CITY LIMITS?	1000	ADDRESS	ssex klin	Ave	Apt 314
14.	FATHER'S NAME	MIDI	n F	LAST		15. MOTHER'S MAIDEN NA	ME	WIDDIE		11	451
	Willie	MID	Pa	tterson		Virginia				obins	
16a.	WAS DECEASED EVER	IN U.S. ARME		166. SOCIAL SECUI		17. INFORMANT				Frank	
	(YES NO OR UNKNOWN)	(# 123, Olve w	NON DAIES)	216-09-	5295	Blanche Pa	atter	son/l	ssex	, Md.	21221
z	Conditions, if any, gave rise to imm cause (a), statin underlying cause	which nediate g the last.	DUE TO, O (b)  DUE TO, O (c)	R AS A CONSEQUE Acute Info R AS A CONSEQUE	NCE OF Prior NCE OF	ch, Electrome Disocciat Myocardial I	ion nfarct	ion	DITION GIV	EN IN PART 1	(0)
CERTIFICATION	19a DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUT	OPSY?			INGS USED S OF DEATH?
	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME C HOUR A. P.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR			1		70 []
MEDICAL	21d INJURY OCCURE  WHILE NOT WH AT WORK AT WOR	RK		REET, FACTORY, OFFICE, FA		211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
	22a I certify that X saw the decease abaye, N (we) (a	(this hospital) ed alive an	anuar	e deceased from 1981		ry 21, 19.83 nd that in (14) (our) opinion		nuary red on the do	,		, that <b>X</b> (we) lost e causes stated
	22b. SIGNATURE	in	ellof	Lmo		DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTO	STAI		1/2	2/83
	J. M.	Niehof		<i>y</i> .		9000 Frank	lin Sc	<sub>l</sub> uare	Drive	, 21237	7
230	BURIAL, CREMATION, (SPECIFY) Buris		1/25		LLY I	EMETERY OR CREMATORY HILL MEM GA	RD B/	ATION (N LTTM	IDDI ORE	E RIV	VER)

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR
MARSHALL W JONES, JR/4101 DONEDMONDSON

AND DESCRIPTION OF THE PROPERTY OF THE PROPERT all the state of the second of X XX X dentification where the contraction of the grown partial state of the

MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

(VRA 15, 4)

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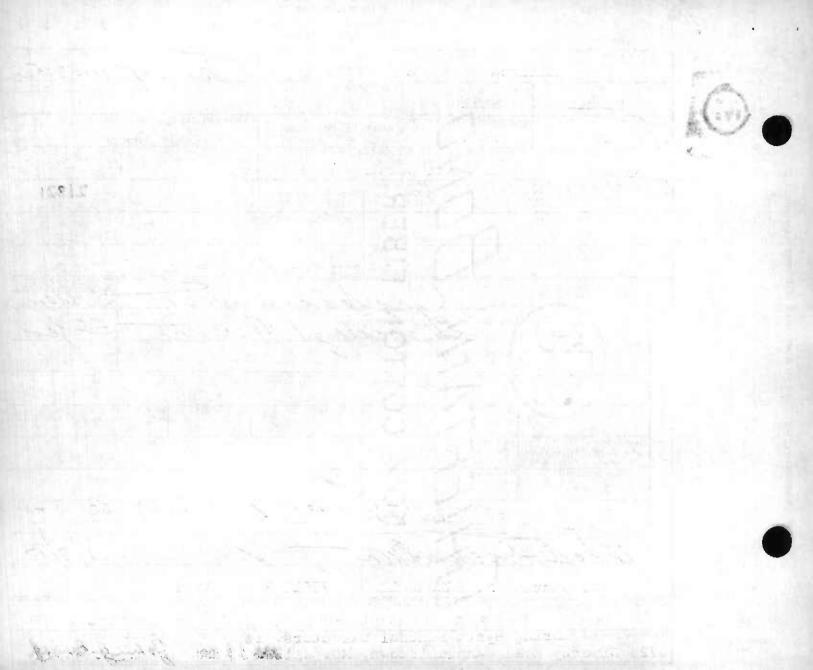
21133

8728 Liberty Rd. Randallstown. Md.

(VRA 15, 4)

LESSON - WESTERS THE STREET DESIGNATION OF THE PARTY OF THE P PIANTED MELLINES THE STATE OF THE S The second of th

1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 3	0 5 2 0
	ECEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
25	Mi]	dred L.	Petts	Vanuary	7.1983 725a
3. S		4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
4	Female	White	1 30 09	73 YRS.	
19	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	Y OF DEATH
5.4	OITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED	Baltimore Cou	
10	Towson	Holly Hill Ni	ursing Home	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII  Pharmacist	126. KIND OF BUSINESS C INDUSTRY Church Home Hospita
130	STATE MD Wicon	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 11CO   13t. CITY OR TOWN SALTSBU	13d. INSIDE CITY LIMITS? YES □ NO ØX		nt Plains Rd.
8/1/14	FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
4		sse Shive	rs Maude	Ethel	Demmitt
16a	WAS DECEASED EVER IN U.S. AR {YES, NO OR UNKNOWN} {IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 218-32-1	598 9301 Montego	s. Mildred Loetel Ave., Baltimore,	LI MD 21234
NOI			EATH BUT NOT RELATED TO THE TERM		
CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
5.47	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, I	PART   OR PART 2}
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F)	RM, ETC.)	CITY OR TOWN	COUNTY STATE
Hem 21 is mo	27a. I certify that (I) (this haspi saw the deceased alive an above. (I)	tal) attended the deceased from 1	and that in (my) (eur) opinion	death accurred an the date and hou	19, that (I) (—) la or and Iram the causes stated THE DATE SIGNET
MPORTAN:	22d. PHYSICIAN'S NAME (TYPE O		ATTENDING PHYSICIAN 2	STAFF DIRECTOR   PHYSICIAN	1/7/83
23a	Dr. Char	les F. O'Donne	AME OF CEMETERY OF CREMATORY	ork Road	
	(SPECHY) Burial	1/10/83 Med	adow Branch Cemeter	ry Westminster	Carroll MD
8	728 Liberty R	ng Byers Fune oad Randallst	cal Directors, DAT cown, MD. 2113	N 1 1 1983	La Cohief



FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

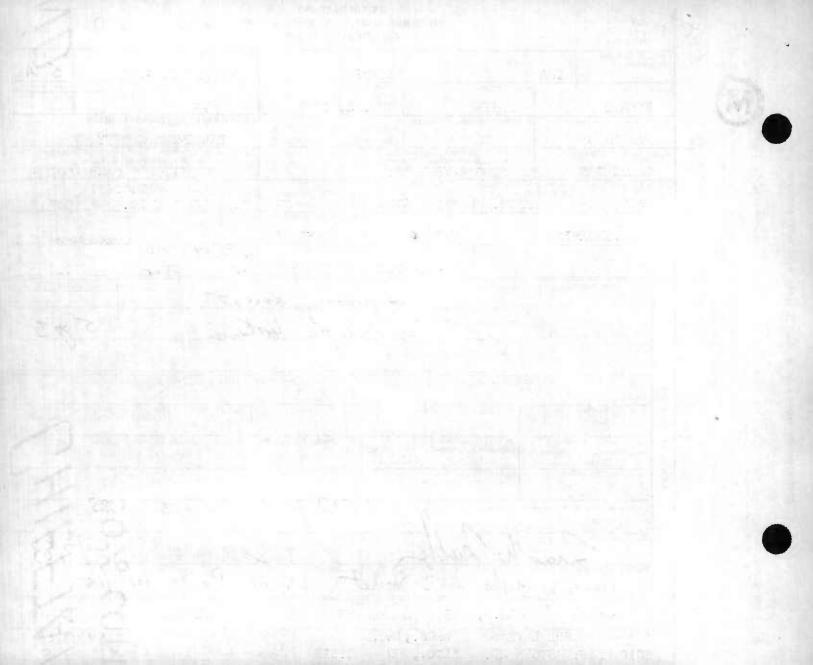
		REGISTRAR			CLKIII	ICAIL OF DEATH	REG. N	٥.			
	1. DECEASED NAME FIRST [TYPE OR PRINT]			IDDLE	1	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
		IDA			PICKL		JANUARY :			5 A.	Λ
	3. SEX	X	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	INDER I YEAR	IF UNDER 24 HRS	-	
		FEMALE	WHITE		AUG.	8, 1907	75	YRS.			
		IRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF W	VHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH		
		MARYLAND	USA	-		DXXXX DIVORCED		ORE COUN		M	_
		BALTIMORE	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET A KEYSER R	DDRESS)	OR OTHER INSTITUTION	126. USUAL OCCUPATE (TYPE OF WORK FOR MOST O BOOKKEI	F WORKING LIFE)	126. KIND O INDUSTRY CAMP L	F BUSINESS OR	
	USU/	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)			APT. 1		OUISE	-
3		MARYLAND 136 COUR	BALTO.	BALTIMO		13d. INSIDE CITY LIMITS? YES NO XXX	138. STREET ADDRESS 6800 LIBER			207	
-	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		£AS1		Ī
		BENJAMIN		YAFFE		YETTA		U,	NENS		
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT D	R. BARRY DPS				_
		NO NO OKONKNOWN	VE WAR OR DATES)	215-32-8	792	3203 KEYSER	RD. BALT	ro., MD		208	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per l	line for (a), (b), and	101	1			BETWEEN C	MATE INTERVAL	_
			TE CAUSE (o)		respi	rectory an	len .				_
		2049	DUE TO, OR	AS A CONSEQUE	/.	c + 10.	to.	12 11	5	35	
		Conditions, if only which gove rise to immediate	(b)		mple	oly The Men	NEMI CC			42	-
		underlying cause lost.	DUE TO, OR	AS A CONSEQUE	NCE/OF	V					
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ntributing to D	EATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE OR CON	DITION GIVEN	IN PART 110	'	=
	10										
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, W	IG CAUSES	OF DEATH?	
4	ERTI	216 ACCIDENT WAS UNDERLYING	21b. TIME OF	INTUDY		21c HOW INJURY OCCURR	YES NO	YES [		NO 🗌	_
7		OR CONTRIBUTING CAUSE OF DE	HOUR A.M	A. MONTH DA		THE HOW MAJORY OCCORR	ED (ENTERNATURE OF INJU	CY IN TEM IS PART I	ORPARI 2)		
1	MEDICAL	216 INJURY OCCURRED	P.M 21e PLACE O		19	211 LOCATION					_
8	ME	WHILE NOT WHILE		ET, FACTORY, OFFICE, FA	RM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE	
		220.1 certify that (I) (this hospi	tal) attended the	decensed from	-/	977 10	to //	12 10	83	that (I) (we) los	-
		sow the deceosed olive on		h	, or	nd that in (my) (our) opinion d	leath occurred on the de	ate and hour on			
		obove, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body	1 11		DEGREE			22c DATE	SIGNED	
		Low	10-1	mels-		ATTENDING PHYSICIAN	MEDICAL STAL		1	7/83	
1		22d. PHYSICIAN NAME (TYPE C	PRPRINT)	CR	Thack	22e ADDRESS	1 Pmt	400	let		
L	22 0	LOUIS W	1911103	ton 13.	שוייייייייייייייייייייייייייייייייייייי	7 680	Toursellon	- They	ces		_
H	230. B	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	JAN.9,1	1983 H		YOUNG MEN	BALT PMOF	RE co	OUNMARY	LANDTATE	
	24. FL	UNERAL DIRECTOR SOL I	EVINSON	& BROS.,	INC.	250 DATE	REC'D. BY REGISTRAR	26 REGISTRAR	S IGNAT	URE 1	
		6010 REISTERSTO		BALTO.,		21215 JAN	1 21983	Jour,	The car		

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physics should be detached for use as the buriol-transit permit. Then please remove carben public with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed. IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumatic

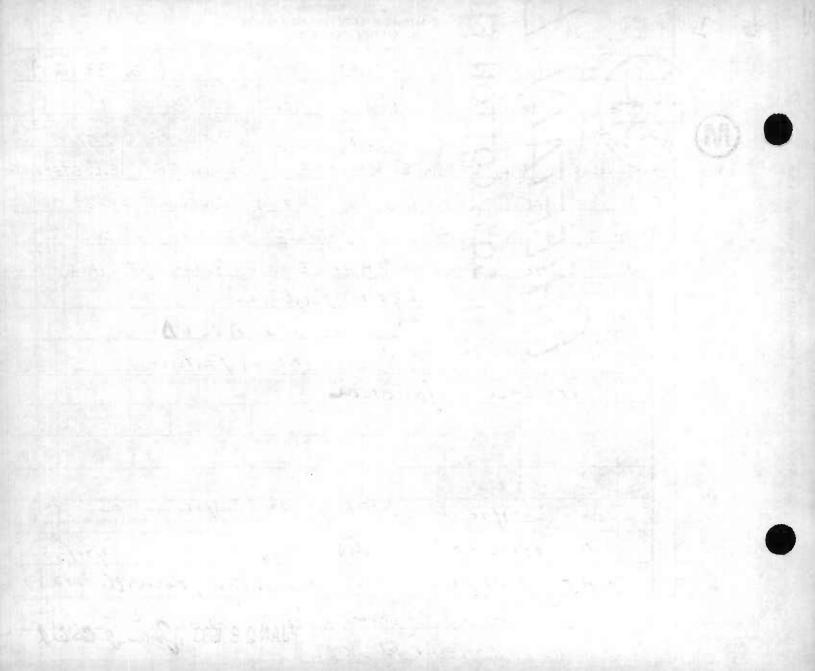
TO HOSPITAL OR ATTENDING PHYSICIAN. The low etained by the hospital or ottending physicion



20	1	FOR - STATE REGISTRAR		DEPAR	TMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 3 3	0 0	5 2 2
e ~ €		CEASED NAME FIRST	a a n	MIDDLE DOI 1	LA CA	T	20 DATE OF DEATH		26 HOUR
noy be page 3	3. SE		dward D	OM LOTI	5. DATE OF	PIDTL	January 6. AGE (IN YEARS LAST BIR		M IF UNDER 24 HRS
oge 4 m ector, <sub>1</sub>		Male	Whit		Apri	1 13,1910	72	MONTHS DAYS	
deoth P	) i	IRTHPLACE (STATE OR FOREIGN COUNTRY) North Caroli	na USA		MARRIED			ore Co., M	id. MD.
os after of the f	2	OWSON	Mul	ti-Med	Cal N	other institution ursing Cen	12n USUAL OCCUPAT	TON 12b. KIND OF WORKING LIFE) INDUSTRY	OF BUSINESS OR
24 hou	130		AE OR OTHER INSTITUTION OUNTY Altimore	13c. CITY OR TO	WN 1	34 INSIDE CITY LIMITS?	13e STREET ADDRESS 7027 K	enleigh Rd	. 21212
MARYLA ed within	14. F.	Tedie Edga	r Polla	rd		5. MOTHER'S MAIDEN N FIRST Ida Ma	AME MIDDLE		AST
IMORE, on ond co	.160. \	MAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	1		Richard R		Balto.,	
E RECORDS, 301 W. PRESTON S  e low requires that the death cer in.  permit. Then please remore carbo are prior to buriol, cremation, or re was ony injury, or other traumatic e	CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICATE SUMMEDIA (198. DATE OF OPERATION	DUE TO, CO	OR AS A CONSEQ OR AS A CONSEQ ONTRIBUTING TO	UENCE OF King	truct me y	MINAL DISEASE OR CON  200. AUTOPSY?  YES   NO	IDITION GIVEN IN PART 1  20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
DIVISION OF VITAL R  UG PHYSICIAN. The 1  ottending physicion.  ther this certificion has  so the buriol-tronsi per  so the buriol-tronsi per  h and Menhal Hygiene  yoked or item 18 shows	MEDICAL CERT	2]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	F DEATH HOUR A	.M. MONTH	DAY YEAR		RRED (ENTER NATURE OF INJU		
DIVISION C ING PHYSIC r attending After this cer os the burio ith and Meni orked or tee	WED	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
the hospital or the hospital or ta DIRECTOR at a Debar of Health if them 21 is mo		220.1 certify that (I) (He saw the deceased alive above, (I) (more left) (did 22b. SIGNATURE	d not view the body		<u>83</u> , ond	that in (my)+cost opinion GREE ATTENDING	MEDICAL STAL	ate and hour and from the	that (1) (we) lost the couses stated E SIGNED 3 8 3
O P P P P P P P P P P P P P P P P P P P		Carl S.		n		22e. ADDRESS 660 Kemil	worth Rd.	Towson, Me	d. 21204
retoi Shoo with	23a.	BURIAL, CREMATION, REMOV	AL 23b. DATE	230	NAME OF CE	METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP		Buria1	Jan. 4			ey Valley	Cockesvy	ville. Bal	to. Md.
DHMH - 16 60M 7/73 (VR A 15 (4))		UNERAL DIRECTOR				TAIL LOCK	TE REC'D. BX REGISTAAR	256 RECISTRAR'S SIGNA	Here
(4V V 12 (41)	Mi	tchell-Wied	lefeld H	ome, Ir	1C. 2	1212	/ 111		DELLA COLOR

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	STATE OF MARTLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
RAR	CERTIFICATE OF DEATH

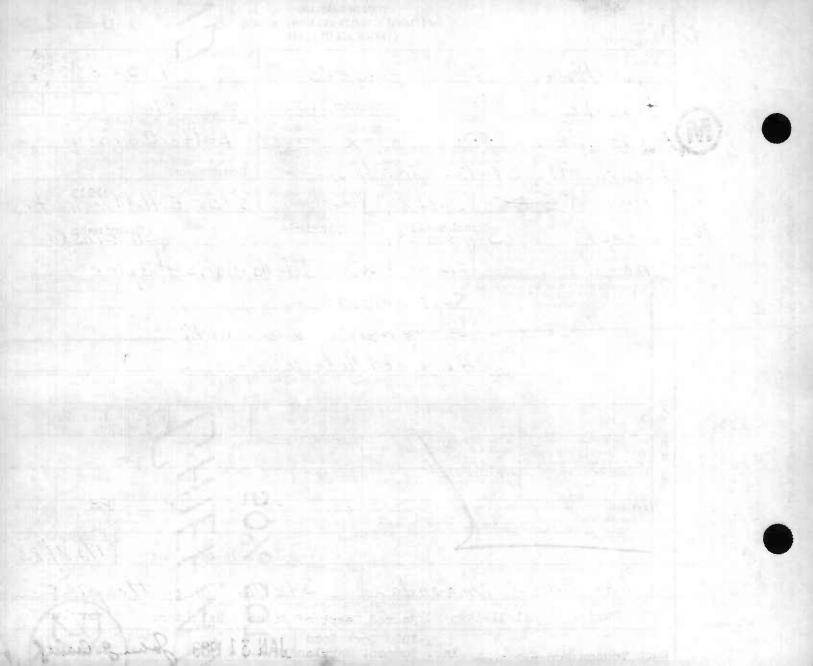
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	- STATE REGISTRAR			DELA		ICATE OF D		IENE O	REG. NO.			0.00
	DECEASED NAME (TYPE OR PRINT)	FIRST		E.		WELL		2a. DATE OF D	EATH MONTH	1 10	EAR 21	12:00 P.
W)	Female		4. RACE Whi	lte	5 DATE O	DF BIRTH	YEAR 96	6 AGE (IN YEAR	86 <sub>YR</sub>	IF UNDER		FUNDER 24 HRS
95	Maryland	OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	MARRIE	D NEVER M	ARRIED .		imore C	NTY OF DEA	тн	M
10	Catonsvil:	le	Fores	HOSPITAL, NURS CH FACILITY, GIVE STRI L Haven	Nursin	or other insti	TUTION	120 USUAL OC (TYPE OF WORK FO Homem	CUPATION DR MOST OF WORKIN AKET	G LIFE) 12b. K		BUSINESSO
	USUAL RESIDENCE (# N 130. STATE Maryland	Balt	other institution ity imore	GIVE RESIDENCE BEF	FORE ADMISSION) DWN 18	13d. INSIDE CIT	TY LIMITS?	5208 A	DRESS rbutus A	venue	21	227
30	4 FATHER'S NAME FIRST	UNKI	N Q Q	LAST		15. MOTHER'S	MAIDEN NAM		N M Q₀₀N		LAST	
1	(YES NO OR LINKNOWN)	ER IN U.S. AR/	MED FORCES? E WAR OR DATES)	Unknown		Patric		Nickey	5208 An	butus	Ave	. 2122
injury, ar other t	gove rise to couse (o), strunderlying co	ofing the use lost.	( Ic)_	ONTRIBUTING TO		NOT RELATED T	O THE TERM	INAL DISEASE C	dr condition (	GIVEN IN PA	RT 1ro	
grams and	NO LA DATE OF OPE	RATION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFOR	MED	200 AUTOPS		YES, WERE F RTIFYING CA YES	USES OF	
	OR CONTRIBUTING [  (IF EITHER NOTIFY M  21d INJURY OCCI  WHILE NOT  AT WORK AT  220.1 certify that	CAUSE OF DEA' EDICAL EXAMINER) JRRED WHILE WORK  (1) (this hospit	P. 21e PLACE (AT HOME STI	.M. MONTH .M. OF INJURY REET, FACTORY, OFFIC	19 E. FARM ETC)	211. LOCATION STREET	, 19 <i>F</i> 2	_, to JA	E OF INJURY IN ITEM	coun 19	nt 2)	STATE  (1) (we) lossuses stated
MPOKI ANI: II 116	22d. PHYSICIAN'S	NAME (TYPE OF	0	130B	2 n	AT	TENDING TYSICIAN	MEDICAL DIRECTOR D	STAFF PHYSICIAN _	1-	DATE SIC	-83
2	30. BURIAL, CREMATIO (SPECIFY) Cremation/E	N REMOVAL	23b. DATE 1/24/	23:		EMETERY OR CR		23d. LOCATION Ballti	ON O	COUNTY		ryläng

DHMH-16 50M 1/81 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

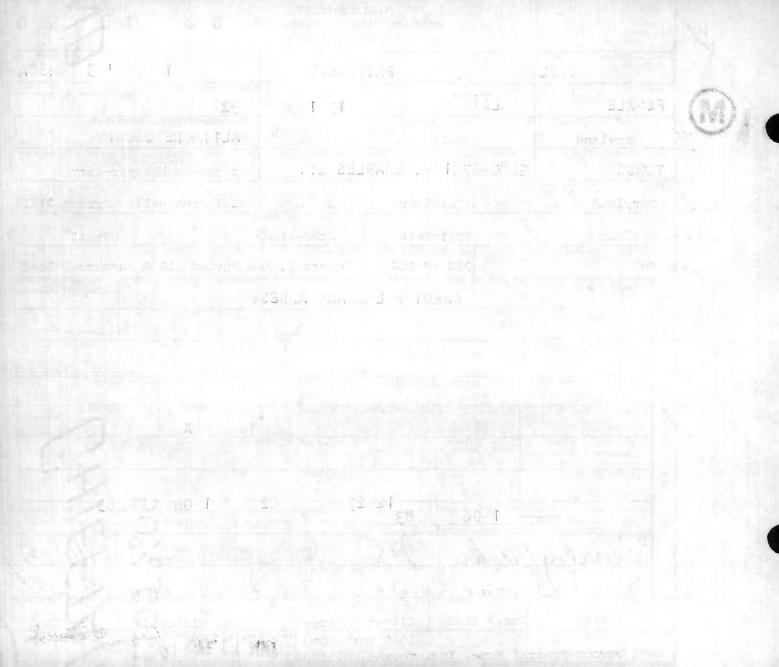
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BP\_\_\_\_\_\_ DHMH - 16 50M 4/82

(VRA 15, 4)

2	1 -	FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MEN' ICATE OF DEAT		NE 8	3 REG. NO.	0	0 5	2 6
		CEASED NAME FIRS	LYN	H.		TCHETT		a DATE OF D	DEATH MO	06	183	6:30A
6	3. SE	EMALE	4. RACE	VHITE	5. DATE C		VE AD	AGE (IN YEA	RS LAST BIRTHE		UNDER I YEAR	IF UNDER 24 HRS
22	5	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN	U.S.A.	RY? 8. MARRIEI WIDOWE	D NEVER MARK	LIK Dall	BALT		COUNTYO		MD.
Softwar (	I	OWSON	GBM	OF HOSPITAL, NUR IN SUCHEACHITA GIVESTO -6701 N	CHAR			20 USUAL OF TYPE OF WORK F	OR MOST OF V	WORKING LIFE)	INDUSTRY	PF BUSINESS OR
36	13a. S	AL RESIDENCE (IF NURSING HOTATE  Maryland	ME OR OTHER INSTIT	UTION, GIVE RESIDENCE BE 13c. CITY OR TO Baltir	NWC	13d. INSIDE CITY L YES 🛣 NO		3e. STREET AI 3231		bella	Terra	ce 21214
Sept.	14. FA	THER'S NAME FIRST Elmer	WIDDIE	Pritche	ett	15. MOTHER'S MA FIRST Etha-	linda		WIDDLE		Hewit	t
medico	160 V	VAS DECEASED EVER IN U. (§5. NO OR UNKNOWN) (IF Y	5. ARMED FORC ES. GIVE WAR OR DA			Robert	E. Le	e Purd	ADDRESS um 1		ngbro	ok Road
any injury, ar ather traum	ATION	Canditians, if any, white gove rise to immedia cause (a), stating 11 underlying cause later 2 OTHER SIGNIFIC.	DUE T	b) O, OR AS A CONSECT ON TRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHI	O DEATH BUT			AL DISEASE	SY?	20b. IF YES, V	VERE FINDIN	NGS USED
Hem 18 shaws	CAL CERTIFICATION	710. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX)	OF DEATH HOU	ME OF INJÜRY IR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY	OCCURRE		ио[X]	YES		OF DEATH?
is marked or h	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	CATHO	ACE OF INJURY ME, STREET, FACTORY, OFFI		211 LOCATION STREET	0.0		CITY OR TOWN	٧	COUNTY	STATE
51		220.1 certify that (1) (this say the deceased ali obave, (1) (we) (did) (c	e an	1-06	N 2	27 , 19 and that in (my) (our	9 82 apinion de	_, ta_ ath occurred	-06 an the date	, 19 e and have a		that (I) (we) last causes stated
MPORTANT: If them		GNATURE  ONUL  27d. PHYSICIAN'S NAME	2 Ca	the	no	DEGREE ATTEN PHYS	NDING ICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	M	22c. DATE	6/83
MPORT/		Daniel	Jero	me Ca	rter	200 To	nu s	onto	un k	Blud	#	305
	(	BURIAL, CREMATION, REMO SPECIFY) Burial		8,1983	Olivet	Cemetery OR CREM		st.	Micha	el's,		ryland
4/82		INERAL DIRECTOR  ACK TOWSON FU	neral H	ome, Inc.	Towson	ork Road .Md.21204	IBAB	REC'D. BY RE	983 15	II. KEGISIRA	R S SHENAT	thelp



FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

CATHORN TO THE PARTY COLOR ASSTUDIES IN SECULO

20M 4/82

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candra Sc.   character   167 Juvenia	Special -off	
	utaneva	

	1	Items #5 &	6 Film G576	STATE OF MARYLAND	in 1.1	
7	1.	FOR STATE 2-7-83 gW	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	G 10	0 0 5 2 9
	1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO	MONTH DAY YEAR 2b. HOUR
÷		OR PRINT) DALC		P And ITY	20. DAIL OF BLATT	01 30 83 10:30
dead	2.00		6.7.1	IS DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	10,00/
	3. SE	F	4 RACE	MONTH DAY YEAR	72	MONTHS DAYS HOURS MIN.
WL		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
1/10	2	N.C.	71.S.A.	WIDOWED DIVORCED	Baltin	DONE CO. M
	10.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 126. KIND OF BUSINESS OF FWORKING LIFE) INDUSTRY
35	R	Andalstenn .	Battimere Co	Hon Haspital	HOMENZ	
be	13a.	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFO		13e STREET ADDRESS	
رکتے		Md. 754		YES NO S	1310511VE	rthorn Rd.2121
Jine	14. F.	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		1457
300		Luthen	Bustan	Inene	MIDDLE	Roysten
0			RMED FORCES? 166. SOCIAL SEC		ADDRE	SS
Ded 7	1	YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	45961 Nichpalo.	RANISEVBA	Il Forte Rd. 2120
e attending physicion move carbonpopers. nation, ar removal. troumatic event, the r	-		nly ane cause per line for (a), (b),		1001-00	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	100	PART I. DEATH WAS CAUS	ED BY: PEA -		SCCIDENT.	2 days
		4360 IMMEDIA				7
		Condition if you which	DUE TO, OR AS A CONSEQ	UENCE OF		STORY WITH THE STATE OF THE STA
		Canditians, if any, which gave rise to immediate	(b)		10.27	
ather		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF		
it. Then pled for to buriol		DART 2 OTHER SIGNIEICANIT	CONDITIONS CONTRIBUTIONS TO	DEATH BUT NOT BELATED TO THE TER	ANNAL DISEASE OR CON	DITION CIVEN IN PART 1:-
	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  AND ENAL PAULIE.				
	CERTIFICATION	190 DATE OF OPERATION		TH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
09	5				YES T NOT	IN CERTIFYING CAUSES OF DEATH?  YES \( \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{.}
8 1	E -	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	
89		OR CONTRIBUTING CAUSE OF DE	HOUR A,M. MONTH	DAY YEAR		
or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
0 /	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TO	WN COUNTY STATE
CTOR. After of for use as t of Heolth a n 21 is morke		AT WORK AT WORK				
		22a I certify that (I) (this hasp sow the deceased alive or	nital) attended the deceased from		, to	to and how and I cam the course stated
	-	obove, (f) (we) (did) (did not) view the body ofter death.				
f he		226. SIGNATURE	h K. Chone	DEGREE  ATTENDING BHYSICIAN	MEDICAL STA	
5-		00000		FITTSICIAN	DIRECTOR PHYSIC	TIAN [1/40/03
DRTAI		22d. PHYSICIAN'S NAME (TYPE				unty GEN. HOSP
MPORTANT		A.K.CHO	FKJ3	PANDAL	STOWN, 1	Mp 21133
M	23a.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
		REMAYAI	2-3-83 3	LUEWING EMETER	14 VINGILIA	112 Va.
M 4/82	24 F	UNERAL DIRECTOR		250. DA	ATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
4)		Kandolok	O. Pastore 243	CO OVER ON STE EE	D / 4000	Jala Q. Capiell

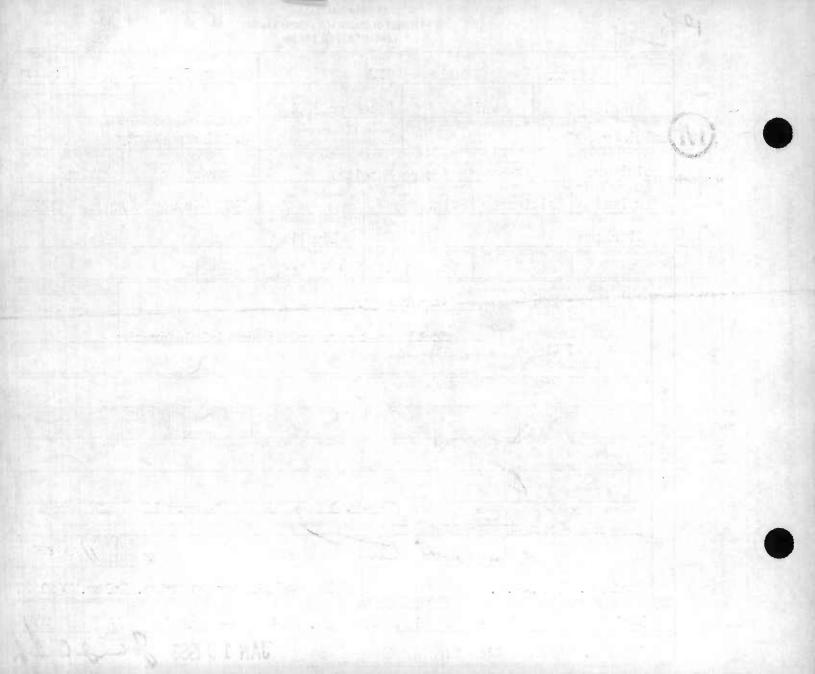
24.5. 3. Section of Co. The state of the s A PENET X Y PAGE MENTAL REPORTED BY SOLD Lucien Lucien Inone Roysten THE TEST WHEEL MICHELLO KANSEY BELL FOR LEKT 2400 The state of the s Jenola. 153-83-83-84-844NS ENGERT VITSILINE Va. To de l'en l'en l'est l'en et 183 4 30 franche Course

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

В.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.		
	CEASED NAME FIRST		MIDDLE		AST		MONTH DA	YEAR	26 HOUR
-	Elton		Engle	REA		January 13	, 1983		5:00am
3. SE	X	4 RACE	19.	5. DATE C		6 AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
	Male	Whi	te	Dece	ember 26, 1904	78	YRS.	DNIHS	HOURS MIN.
a. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MADDIE	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
	altimore, MD	US	A	WIDOWE		Baltimore	Count	У	MD.
10.0	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		DR OTHER INSTITUTION	120 USUAL OCCUPATE		12b. KIND C	OF BUSINESS OR
20.10	Baltimore	Frank1	in Square	Host	oital	Carpente		Reti	red
13a			Baltimor	N	YES NO X	13e STREET ADDRESS 6903 Birdy	vood Av	/enue	21220
14. F.	Clarkson	MIDDLE	Rea		Louella	WE		Engle	e e
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU		17 INFORMANT	ADDRE	SS		
	YES NO OR UNKNOWN) (IF YES G		214-03-1	248	Ruby Rea, S	Same as 13			
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		ATE CAUSE (0)	Cardi	ac Ar	rest				77
	4100	DUE TO, O	R AS A CONSEQUE	NCE OF				1000	
	Conditions, if any, which gove rise to immediate	(b)_	Acute	Non-	transmural Myo	ocardial In	farctic	on	
	couse (a), stating the underlying cause last								
	(c)								
z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 1	D
CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	TON IE VES	WERE FINDIN	ICS LISED
FIC.	176 DATE OF OFERATION	178 COND	IIION FOR WHICH	OPERATIO	IN WAS PERFORMED		IN CERTIFYI	ING CAUSES	OF DEATH?
ERT	210. ACCIDENT WAS UNDERLYING	216. TIME C	F IN HIRY	_	21c. HOW INJURY OCCURR	YES NO	YES	L) 60 0401 3)	NO []
IL C	OR CONTRIBUTING CAUSE OF D	1100110 1	M. MONTH DA	Y YEAR	THE HOW WHOCK OCCORD	LED TENIER NATURE OF INJUR	IT IN HEM 18 PAR	TORPART2)	
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ME	WHILE NOT WHILE		REET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
	27a. I certify that (M) this has	- 4-1) - 44 4		Tanus	ary 10 19 83	January	7 12	83	· V
	saw the deceased alive o obave, (Nwe) (did) (NW	n_Januar	v 13 19 8	33	nd that in (Xv) (our) apinion of				that XII (we) last
	22b. SIGNATURE	view the body	after death.		DEGREE			22c. DATE	
		1 ans	id H.	Lin	ATTENDING PHYSICIAN	MEDICAL STAF	F DX	1/1	13/13
	22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS	J DIRECTOR PHYSIC	IAN MF	1	
	David H. Ginn	•			9000 Frankl:	in Square D	rive. I	Balto.	MD 21237
23a	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	Burial	17 Ja	n 83   G1e	n Hav	en Mem. Park	Glen Burn	ie	AA	MD
24 F	UNERAL DIRECTOR				250 DAT	E REC'D, BY REGISTRAR	25b. REC IS RA	AR'S SIGNAT	URE

DHMH - 16 50M 1/B1 (VRA 15, 4)

James S. Kirkley, Glen Burnie, MD



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4905 York Rd.

Md.

- STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

H.W.Jenkins&Sons

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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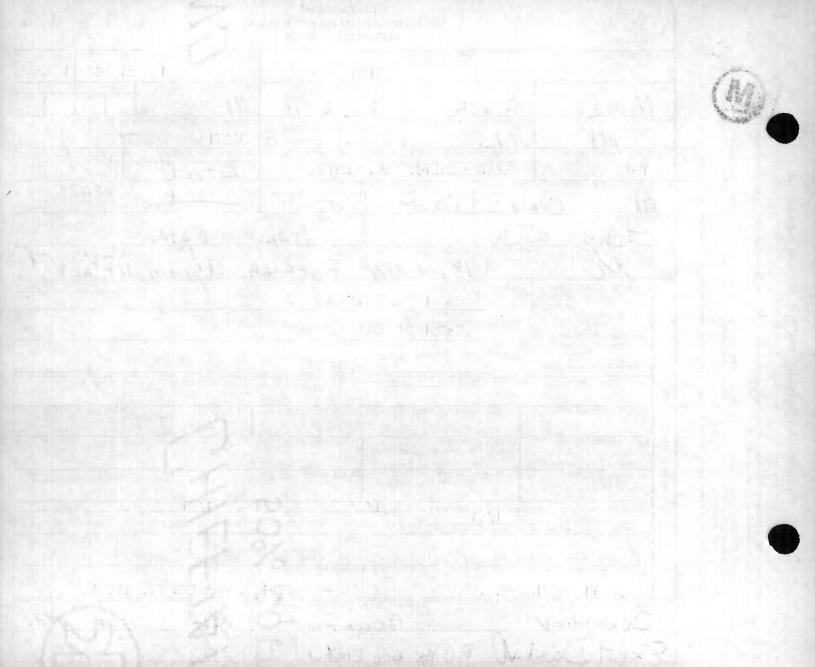
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	1	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL HY	GIENE 3 5	O.	0 3	5 5
an order			FIRST	WIDDLE	-	LAST			AY YEAR	25. HOUR
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( (AA)	3. SE	X	4.	RACE	5. DATE (		6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
		MALO	100	Black	3	22 11	17/	YRS.	OINTHS DATS	HOURS MIN.
101		IRTHPLACE   STATE OR FOR	EIGN 76.	CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH	
1 記まり		MI		115	WIDOW		BALTIMORE	COUNT	Υ.	MD.
1 1 3//	10. C	ITY OR TOWN OF DEATH	11	. HAME OF HOSPITAL, NI	JRSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATA	ON	126. KIND OF	BUSINESS OR
201	9	TOWSON	/	GREATER BALL		CENTER	LET LES	F YORKING LIFE)	INDUSTRY	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs or attending physician and campletely filled in by as the buriol-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filted in and Mental Hygiene prior to buriol, cremation, ar removal.  orked or them 18 shows any injury, or other transmitic event, the medical example must be be or a few and mental by the properties.	13a.		COUNTY	HER INSTITUTION GIVE RESIDENCE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Rural	2162	29
E, MARYL, uted within one of within a standard s	14. F/	ATHER'S NAME	10 WID	61E (AS)		15. MOTHER'S MAIDEN NA	AME	L)	LAST	
ond camp	160 \	VAS DECEASED/EVER IN	II S A PAGE	D EORCESS THE SOCIAL	SECURITY NO.	17. INFORMANT	4 S Q	200	0	1
be execu		YES, NO OR HAKNOWN)	IF YES, GIVE W.	AR OR DATES)	01-3374	BALLA	LA Will	3 cm 1	EASTAL 19 TAL	Vi me
ng physici ng physici bon popes r removal.		18. CAUSE OF DEATH (	Enter only o	ane cause per line far (a), (b		ADV ADDECT		TATE!	BETWEEN OF	NATE INTERVAL NSET AND DEATH
ng pl bong remi		1410 W	MEDIATE C	AUSE (a) CARD	OPULMON	ARY ARREST				
RESTON e deoth ce ottending move corb totian, ar r troumatic				DUE TO, OR AS A CONS	FRYENSE SEA	SE OF TONGUE				
e de de notia		Conditions, if ony, was gave rise to immed	liote	(b)	11101-111	02 01 1011002				
RDS, 201 W. P equires that the n signed by the Then please ret To burial, crem injury, or other		cause (a), stating underlying cause	the *lost.	DUE TO, OR AS A CONS	EOUENCE OF					
201 es th plea uriof		PART 2 OTHER SIGNIE	ICANT CON	VDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OF CON	DITION GIVE	N IN PART 1:0	
RDS,	NO.		ica ii coi	TOTAL CONTRIBUTION	VIO DEATH BOT	NOT RECAILED TO THE TERM	WIITAL DISEASE OR COIT	DITION GIVE	IN IN PART IID	
law relation in the contract of the contract o	CERTIFICATION	190 DATE OF OPERATIO	N	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES,	WERE FINDING	GS USED
TALRI Sicion. Sicion. Sicion. Sicion. Sicion. Sicion. Sicion.	RTIF						YES NO	YES		NO 🗌
SION OF VITA PHYSICIAN: Th ending physicio this certificate the buriol-tronsit and Mental Hygie d or item 18 sho		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING		216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT 1 OR PART 2}	
SICIAN: ng physis certificot uriol-fron tental Hy,	CAL	(IF EITHER NOTIFY MEDICAL		P.M.	19	20				
SION OF VII PHYSICIAN: ending physic this certificol ne buriol-from nd Aentie 18 s	MEDICAL	21d. INJURY OCCURRED	)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	rice capit stor	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
DIVISION DING PORTER THE CONTROL OF THE PORTER THE PORT	5	AT WORK NOT WHILE		(ATTIOME, STREET, PACTOR), OF	PICE, PARM EIC }					
DIV Sapital or attending CCTOR: After of for use as all for use as all the all		220.1 certify that (1) (th	is hospital)	attended the deceased fr	om1/	5/ 19 83		, 1	9 83 , 11	nat (I) (we) last
TTEP pital p		sow the deceased	olive on	ew the body after death.	19 <u>83</u> , or	nd that in (my) (our) opinion	death occurred on the de	ote and hour	and from the co	auses stated
4 8 9 0 e		776. SIGNATURE	A A	ew the body after death.		DEGREE			22c. DATE S	IGNED
NATE OF THE OF T		Marlen	Mu	him M.D		ATTENDING PHYSICIAN	MEDICAL STAI			
HOSPITAL bined by the FUNERAL wild be detribed by the Stote by the Sto		22d. PHYSICIAN'S NAM	E (TYPE OR PR	INT)		22e ADDRESS		,,,,,G		
		MARTIN	RUBIN	M.D.		GBMC - 670	N. CHARLES	ST. 2	1204	
Open Open Market	23a. I	BURIAL, CREMATION, RE			23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP	1	Coem nte	,		Co	1	CITY OR TOWN	r.	COUNTY	wet.
	24 F	JNERAL DIRECTOR		$\Lambda$		250. DA	TE REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNATU	RE
DHMH - 16 50M 4/82 (VRA 15, 4)	1	NAME 9	140	NA PANA	ESS CAP	ENCEN FE		0		
(,,		2011	Man	ALL ICUS	X 606	CHSIN	4 1303	tole	0.0	



1 - STATE REGISTRAR			DEPART		CATE OF D	MENTAL HYG DEATH	IENE &	REG. NO.	UU	• 3	0	-
DECEASED NAME (TYPE OR PRINT)	Adel		rances	Rider			20 DATE OF D	DEATH MONTH	26	YEAR 83	2b HOUR	M
Female		4 RACE White	Э	5. DATE O	F BIRTH	YEAR 09	6 AGE TINYEA	RS LAST BIRTHDAY)	MONTHS	DAYS .	IF UNDER 24 HE HOURS MI	-
BIRTHPLACE (STATE OR COUNTRY)  Md.		USA		MARRIED	DI DI	VORCED		to. Cou		ATH		MD.
Cockeysv	ille	800 Ci	HOSPITAL, NURSIN H FACILITY, GIVE STREET NNAMON	Ridge	Ct.,	Apt. E	Supe	CCUPATION OR MOST OF WORKIN TV150T			P Tel	
JSUAL RESIDENCE (IF NUR 30 STATE Md.	13b COUN		GIVE RESIDENCE BEFORE  131 CITY OR TOW  Cockey:	N	13d. INSIDE C	NO X	13e. STREET AC	E Cinna	Cock	eys Rid	ville, ge	M
charles		M.	Ride:	7 7 7 3 4	15. MOTHER'S Sara	MAIDEN NA		MIDDLE	Spa	aldi	210 ng	3(
(YES, NO OR UNKNOWN)		MED FORCES?	212-05		Gera Gera	ldine N	Maley,	ADDRESS 198 Hor Wilkes			25 187	70
18 CAUSE OF DEAT PART I. DEATH V 496 Conditions, if any gove rise to im	VAS CAUSE IMMEDIAT O v, which	D BY: TE CAUSE (0)	R AS A CONSEQUE	ence of a	etur	Chu	nic bt	Shuchu	1 00	APPROXIA	AATE INTERVAL NSE1 AND DEAT	1
couse (a), statu	ng the	DUE TO, OI	R AS A CONTEQUE	-	1 0	N. Th.						

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR P.M

21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

CITY OF TOWN that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

NO

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

STATE

NO [

sow the deceased a above, (I) (we) (did) 22b. SIGNATURE

ATTENDING 22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

town, Md.

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

Rafael A. Perez-Mera, M.D. 23b. DATE

1/29/83

23¢ NAME OF CEMETERY OR CREMATORY St. Joseph's Ceme.

DEGREE

23d LOCATION CITY OR TOWN

5400 Old Court Rd., Suite 105, Randalls

Burial

CERTIFICATION

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Martin D. Lawson, 10 W. Padonia Rd., 21093

(IF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE 220.1 certify that (1) (this haspit

21d INJURY OCCURRED

Emmittsburg Frederick Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

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	1-	ems #18 FOR STATE REGISTRAR				EDICAL	MENT OF	HEALTH	AND M	ENTAL H	- E		5 REG	O . NO.	0	5 3	5
200		EASED NAME OR PRINT)		SEPH	HE	NRY		RIT	TER		2	OF	ESTI- H MATED		7 DA	Y YEAR 1983	2b. HOUR
Md	3. SEX	ALE	WHITE	S. [	JUNE 13	YEAR	LAST BIRTHD	AY) MONT		IF UNDER		RONOL DEA	JNCED	MONI	н <u>Ба</u>	1983	24 HOUR 12:15
35	To BI	RTHPLACE (ST REIGN COUNTRY) ARYLAND			CITIZEN OF V	HAT COUN		MARRI WIDOW	_	VER MARRI	ED 🔲	9. BALTI	MORE CIT	re Co	INTY O	FDEATH	P M
06 35 230	-	Catons	ille	/ :	NAME OF HO	Ceda:	Run Run	Place	ER INSTITU	TION	FOR M	OST OF WO	UPATION ORKING LIFE) EPER	(TYPE OF WO		KIND OF BU OR INDUST &D.RA]	RY
35	MAF		113b. C	LTIM		13c. CITY	OR TOWN		13d. INSIDE (	NO K				RUN	PLA	CE 2	1228
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/	(YE	S, NO, OR UNKNOW	(IF YES.	GIVE WAR	or Dates)	705	-05-24		2.6	ETH R	ITTE			TCADE!	MD		
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J. Children	CERTIFICATION	19a. DATE OF					WHICH OPE									AUTOPSY:	NO [
3	MEDICAL CER	210. EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK	G CAUSE	OF DEA	TH ? P.	M. MONTH M. 1/ OF INJURY CTORY, FARM, E	7/ 19 8	21f. LO	igeste	occurrer d Tem dar R	azepa	CITY OR T	OWN		COUNTY	Balto	STATE Md .
1		actual SIGNATURE	y that I took o	li	outer [] Mar. mas D.	Dodent C	Ind	Autop ide X	Homic Depu	ffy"ch	Undete ief MEDIO	Inquir	monner [	200		1-1 <b>0-</b> 8	3
BALTIMORE, MARYLAND, 2	23a.Bl	(TYPE OR PRIN JRIAL, CREMAT PECIFY) BURIAL		AL 236 C		23c. N	AKEVIE	METERY O	RCREMATO		23d LOC CITY O	CATION		C	OUNTY CARR	ST	ATE MD.
		NAME LE		& R		.C. WI	TZKE F	UNER	L HO								1

20M 4/B2

THE STEED OF STREET BEING SCHOOL SCHO A COUNTY OF THE PROPERTY OF THE STATE OF

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE KNOWN X MONTH 1. DECEASED NAME Penny (TYPE OR PRINT) ESTI Lee DEATH MATED PENNLE ROCKWOOD 4 RACE DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 3 SEX 2c. DATE 20 BIRTHDAY) Aug. 29, 1962 YEAR PRONOUNCED White Female DEAD 1983 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED OREIGN COUNTRY U.S.A. Maryland Baltimore County
CCUPATION (TYPE OF WORK | 12b. KIND OF BUSINESS DIVORCED LECITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING A IFE OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Owings Mills Baltimore County General Hospital SUAL RESIDENCE (IF IN NURSING HE 130. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS
YES NO 00 4509 Canipe Drive FINKSburg 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 18. GIVE PAGES 1, WITH FORM PM IT. PAGES FAND 2 MIDDLE Laura Chenoweth Irving Richard Sanner, Jr. Ann 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 4509 Canipe Drive DIVISION (YES, NO, OR UNKNOWN) Keith Rockwood (IF YES, GIVE WAR OR DATES) 219-86-9850 Finksburg, Md. 21048 ALONG WI 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. IMMEDIATE CAUSE (a) Gunshot wound of left arm and chest DUE TO, OR AS A CONSEQUENCE OF TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CATE, WRITING THE WORD "PENDING" IN P FORWARDED TO THE CHIEF MEDICAL EXA OR: PAGE 3 SHQUILD BE USED AS A BURIAL. HE STATE DEPARTMENT OF HEALTH AND ME IND, 21201 PRI©R TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 11:20M. 1 1983 subject shot 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) COUNTY home 122 Maybin Cir., Owings Mills, Balto. Co., Md EXECUTE THE CERTIFICATE.

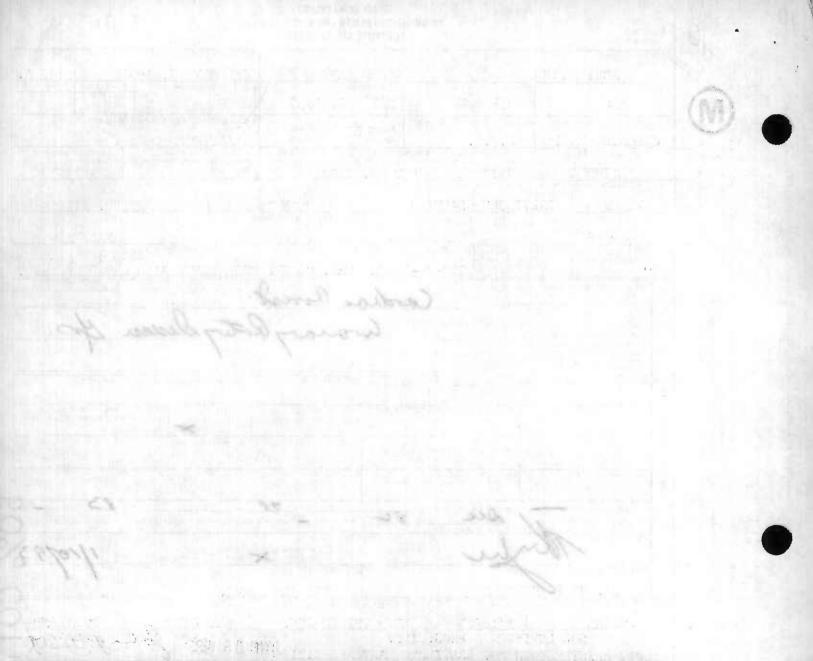
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE SIY
BALLIMORE, MARYLAND, 21 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Hamicide X Natural causes Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Jan. 7,1983 Evergreen Memorial Gar. Finksburg, Carroll, Md. Burial BP REGISTRAR 100 REGISTRAD'S SIGNATURE **DHMH - 17** wings Mills, Md. (VR A15 ME (5) 20M 4/B2

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(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

	)	STATE REGISTRAR				ICATE OF DEATH	REG. NO				
d		CEASED NAME FIRST	С	RUPPREC		LAST	20. DATE OF DEATH	/15/8		3:45F	_
	3. SE)	x ale	4.RACE White		5. DATE (	DF BIRTH 19,1904 YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	UNDER I YEAR		IRS
5	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWI	D MEVER MARRIED DIVORCED	9. BALTIMORE CITY O BAL	TO CO			ME
6	11/6	OWSON		HOSPITAL, NURSIN THE FACILITY, GIVE STREET, N CHARLE		GBMC	120. USUAL OCCUPATE TYPEOF WORK FOR MOST OF Plumbing &	ON WORKING LIFEL Heati	126 KIND C INDUSTRY ng COI	of Business ntracto	or or
5	13a, S M	AL RESIDENCE (IF NURSING HOME O STATE 138. COU Balt	OTHER INSTITUTION NTY LMOTE	130. CITY OR TOWN Baltimo		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2904 Sun	mit Av	enue	2/234	
0		THER'S NAME Tharles	MIDDLE Ruppr	echt LAST		15. MOTHER'S MAIDEN NAM Beatrice	WIDDLE	Faye	LAS	ST	
	160. V	VAS DECEASED EVER IN U.S. AF	MED FORCES?	16b. SOCIAL SECUI 220-32-30		17. INFORMANT Mr. J. Gilber	ADDRE t Rupprecht				
		18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE HAMEDIA  Conditions, if any, which	TE CAUSE (o)	r line for (a), (b), one CARD	TAC	ARREST	)N		APPROX BETWEEN	ONSET AND DEA	TH.
	NO	gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT	use (a), stating the 1 DUE TO, OR AS A CONSEQUENCE OF							o	
7	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF U				
7		2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	DF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCURR		1 OR PART 2]			
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		22a.l certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	LAN	1.5-1900	٠.	N 11 , 19 83 and that in (my) (aur) opinion of DEGREE	, to JAN death accurred an the do	15., 19. ite and haur a		that (I) (we) couses stated	
		HE PHYSICIAN'S NAME (1998)	TOTAL STATE	aph	_	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC		1113	5/83	2
	230 9	DR H HAUPTM		122, N	IAME OF C	GBMC CEMETERY OR CREMATORY	1234 LOCATION				
	B	SURIAL, CREMATION, REMOVAL SURIAL				Valleu Morial	Cockeusvi	le Ba	OUNTY	STATE	
	24 FL	JNERAL DIRECTOR				250. DAT	E REC'D, BY REGISTRAR	25h. PE SISTRA	R'S SIGNA	TURE	0

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the

Leonard J. Ruck Inc. Baltimore, Maryland

Sea: E LED I	The state of the s
	The state of the s
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A Company of the state of the s	
	Property of the Control of the Contr
All 1, 38 - 191 - 1	
MARIE OF A	

## STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR			CERTII	ICATE OF	PEATH	REG.	NO.		
DECEASED NAME FIRST		WIDDLE	L	AST		20. DATE OF DEATH		DAY YEAR	26 HOUR D
Mary	anna	S.	RYCHV	VALSKI		January	26,	1983	10:30 p
1 5EX	4 RACE	- 65 AU	S. DATE C			6. AGE   IN YEARS LAST	BIRTHDAY)	MONTHS DAT	
Female	White		nonth	09	1903	80	Y	RS.	5 HOURS MIN.
TO BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER	MARRIED [	9 BALTIMORE CITY			
Maryland	U.S.A		WIDOWE		VORCED	Baltimo	re Co	ounty	MD
10. CITY OR TOWN OF DEATH		HOSPITAL, NURS		R OTHER INS	TITUTION	12a USUAL OCCUPA		12b. KIND INDUSTR	OF BUSINESS OR
Rossville	Frank			ospit	al	Housewi	_	NG (IFE)   INDUSTR	
	DUNTY		RE ADMISSION)	13d INSIDE		13e. STREET ADDRES			
Maryland		Baltim		YES T	NO [	3015 E11		t Stree	t 21224
4 FATHER'S NAME	WIDDLE	LAST		15. MOTHER	S MAIDEN NAM	ME MIDDLE			
Vincent	MODIL	Kalwa		St	ella	WIDDLE			LAST
60 WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORM		ADE	DRESS 1	701 Les	lie Road
NO	S. GIVE WAR ON DATES	213-34	-1377	Rita	M. Sp	ence	Ba	alto	MD.2122
18 CAUSE OF DEATH (Ent	er only one cause pe								OXIMATE INTERVAL IN ONSET AND DEATH
PART I. DEATH WAS CA	USED BY. DIATE CAUSE (a)	Cardiopu	lmona	ry Fail	ure				
478/1				<u> </u>					
		DR AS A CONSEO	UENCE OF						
Conditions, if any, which									
cause (o), stating th	DUE TO, C	OR AS A CONSEQU	UENCE OF						
underlying cause last	: (c)_								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
<u> </u>									
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONE	DITION FOR WHIC	H OPERATIO	WAS PERF	DRMED	20a AUTOPSY?		FYES, WERE FINE ERTIFYING CAUSI	
E L						YES NO X		YES [	NO [
210. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH (	DAV VEAD	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITE	M 18 PART I OR PART 2	)
OR CONTRIBUTING CAUSE O	DEATH	P.M.	19		180				
OR CONTRIBUTING CAUSE OF THE FITHER NOTIFY MEDICAL EXAM	21e PLACE	OF INJURY		211 LOCATI					
WHILE NOT WHILE C	(AT HOME, S	TREET, FACTORY OFFICE	FARM, ETC )	STREE		CITY OR	IOWN	COUNTY	STATE
220.1 certify that of this h	ospital) attended t	he deceased from	Janua	rv 18	. 19_83	Januar	v 26	19_83	, that Ku (we) last
saw the deceased aliv abave, (V) we) (did) (di	e on Janua	ry 26 19	_83_, or	d that in		deoth occurred an the			
22b. SIGNATURE	view the bad			DEGREE					TE SIGNED
ATTENDING MEDICAL STAFF								176	land ?
PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS							4,000		
Albei	Albert Lee, M.D.					lin Square	Driv	ve 2123	7
230. BURIAL, CREMATION, REMO			NIAME OF S			173d LOCATION			
Burial  Burial				EMETERY OR		CITY OR TOWN		COUNTY	STATE
Durlai	1/31/	/1983   :	St. S	tanis	Laus	Baltim	ore	-	Maryland

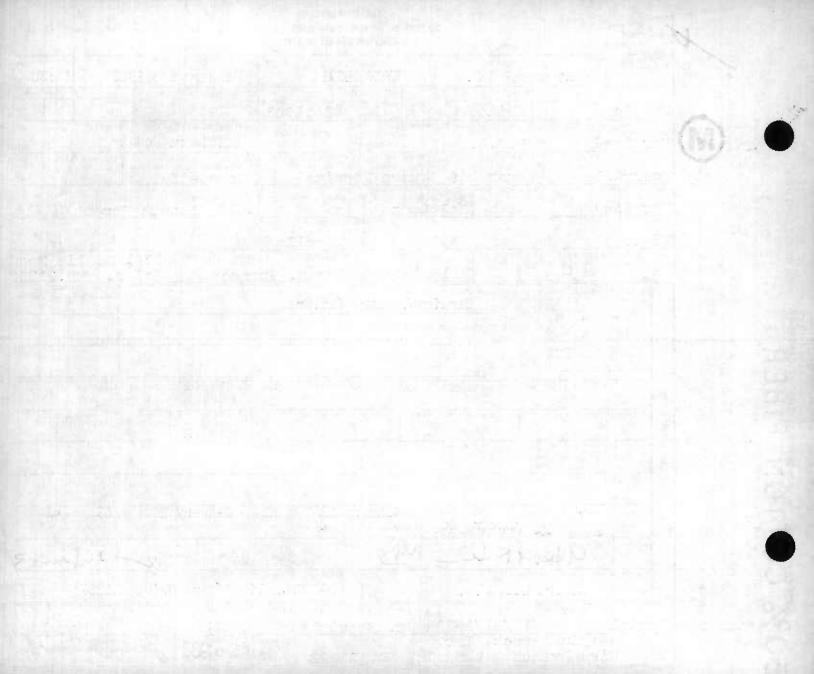
DHMH-16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is morked or them 18 shows

Burial 1/31/1983 St. Stanis1
FUNERAL DIRECTOR Duda-Ruck, Inc.
7922 Wise Avenue Dundalk, MD. 21222

D BY REGISTRAR'S SIGNATOR 250. DATE REC

Maryland



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	0	3	4	1

-		REGISTRAR			ERTIF	ICATE OF DEATH	REG. NO	o				
		CEASED NAME FIRST WILL!		J.	SAH	LMAN	2a. DATÉ OF DEATH		2 183	5:15A		
	3. SE	× MALE	WHIT		DATE C	аry °11, 1905	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		
5		Maryland	U.S.F	A. W	VIDOWE		BALT I MOR	R COUNTY		MD		
0		TOWSON	GBMC -	6701 N.	СНА	RLES ST.	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST O Managemen	F WORKING LIFE		od		
	Ma Ma					13d INSIDE CITY LIMITS? YES NO TO	130 STREET ADDRESS 610 Kno1	lcrest	210 t Place	Apt. F.		
0	14. FA	ATHER'S NAME FIRST Anton	AIDDLE Sah	1man		15. MOTHER'S MAIDEN NAM FIRST Anna	MIDDLE		Lintz			
1		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 135-03-6896A Mrs. Maie Sahlman 610 Knollo:								rest Place		
		Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.	) Ib)	AS A CONSEQUENC		STEM						
	ION	PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONT	DITION GIVE	N IN PART 116	) '		
2	CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OP	ERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN YING CAUSES			
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M	A. MONTH DAY	YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)			
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE O	OF INJURY ET, FACTORY, OFFICE, FARM		21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
		22a I certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not		19	<u>-09</u>	d that in (my) (our) opinion d	eoth occurred on the do	ite and hour		that (1) (we) last couses stated		
		226. SIGNATURE	Pa	lf mo	0	ATTENDING PHYSICIAN	MEDICAL STAP	F X	1 - 1 2	-83		
	3	ANITA PATT	,M.D.			"GBMC - 6701 N	N. CHARLE					

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

MPORTANT: If He

1/15/83 Burial 24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Dulaney Valley Cem.

23c NAME OF CEMETERY OR CREMATORY

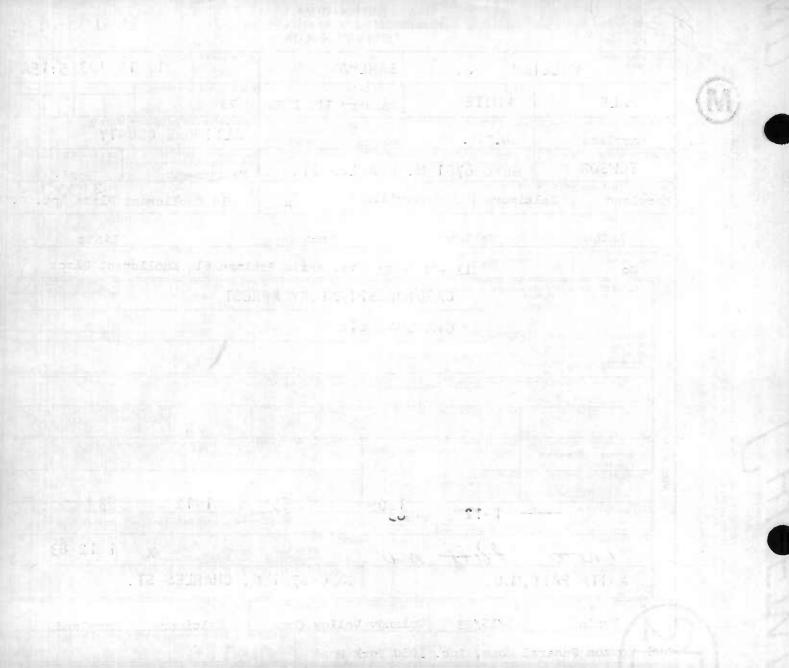
23d. LOCATION Baltimore

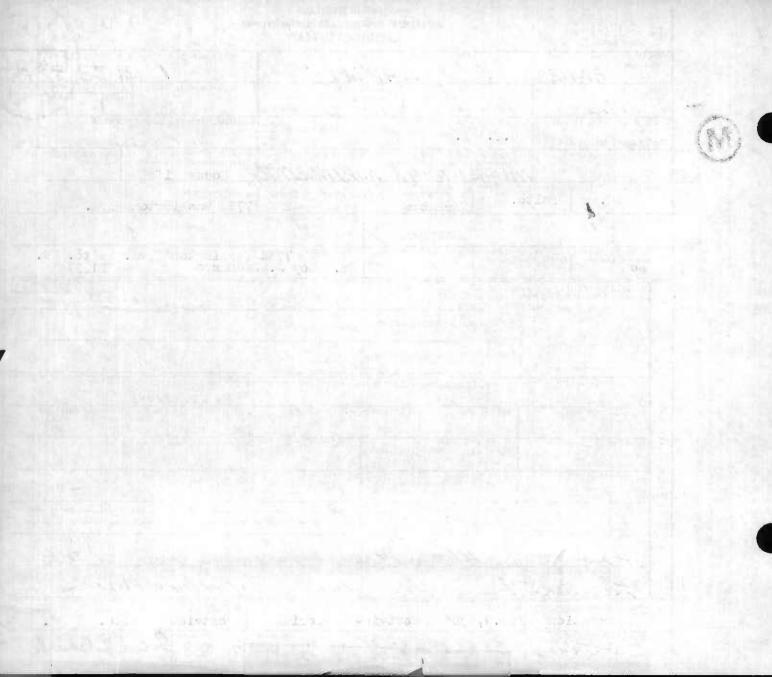
COUNTY Maryland

Ruck Towson Funeral Home, Inc. 1050 York Road

23b. DATE

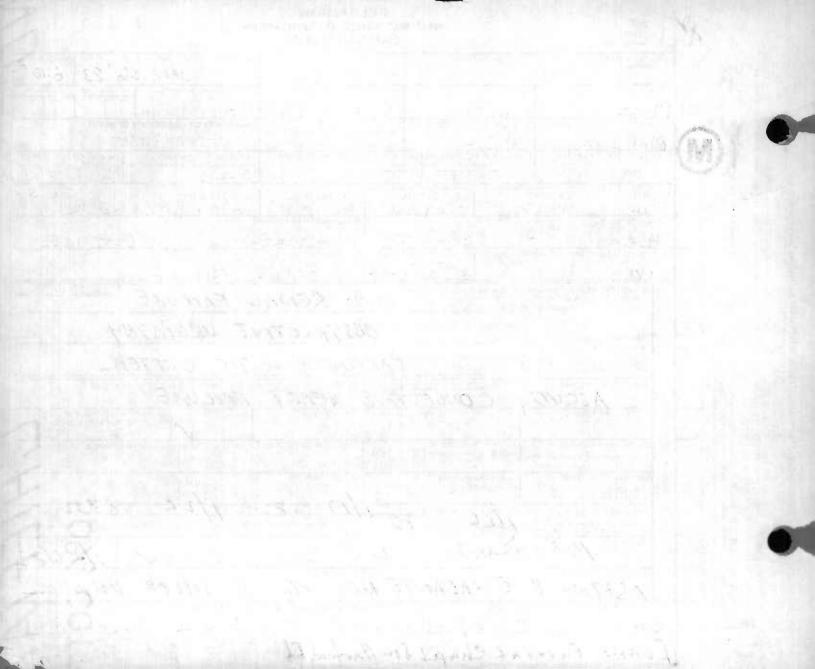
25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE





1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	00544
	EASED NAME	FIRST		MIDDLE	U	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE	OR PRINT)	JOHN	.,		SCHAEL	FER SR.	JAN.	26 83 6:00 %
1. SEX		O OIII	4. RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
M	ALE		WHIT	3	MARC	11 10 100 1	67 YR	RS.
	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
M	ARYLAND		0.5.	A.	WIDOWE	D DIVORCED	BALTIMORE CO	
58	TOWSON		(IF NOT IN SUC	OSEPH HO	SPITA	DR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  SALES	12b. KIND OF BUSINESS OR INDUSTRY
USUA 13a. S	AL RESIDENCE (IF NURSI	13b. COUN		134 CITY OR TOW		134. INSIDE CITY LIMITS?	130. STREET ADDRESS	21234
M CA	THER'S NAME	BUT	10.	MARKVII	78	YES NO NO 15. MOTHER'S MAIDEN NAM	3904 2115	RALD NOAD
14. FA	FIRST		MIDDLE	CALLAST		FIRST	WIDDIE	COLORS
Ión V	AS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS	CROSSWELL
	ES. NO OR UNKNOWN)		E WAR OR DATES)	11303	عرطيا	Family	4 RECORDS	
CERTIFICATION	Canditians, if any, gave rise ta imm cause (a), statin underlying cause	which nediate the last.	DBY:  CE CAUSE (a)  DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CC  19b. CONDI	R AS A CONSEQUE  R AS A CONSEQUE  DISTRIBUTING TO E  OWGES  TION FOR WHICH	ENCE OF OPERATION	ABSTRUCTI CINOMA UF NOT RELATED TO THE TERM HEART N WAS PERFORMED	INAL DISEASE OR CONDITION FAIL UK E  200 AUTOPSY? 200. IF	GIVEN IN PART TO:  YES, WERE FINDINGS USED EXTIFYING CAUSES OF DEATH?  YES \( \sigma \text{NO} \sigma \text{D} \)
MEDICAL	(IF EITHER, NOTEY MEDIC 21d. INJURY OCCURR WHIE NOT WHAT WORK 220.1 certify that Y Saw the descase above, Vt. (we) (c 22b. SIGNATURE 22d. PHYSICIAN'S NA	(this haspi	210. PLACE (AT MOME, STR tal) attended the	OF INJURY REET, FACTORY, OFFICE, F  deceased fram	3. or	DEGREE	city or town  to / L &   death accurred an the date and  MEDICAL STAFF DIRECTOR PHYSICIAN E	county STATE  19 3, that XI (we) last hour and from the causes stated  22c. DATE SIGNED  WOSPITM
23n F	BURIAL, CREMATION,	PEMOVAL				EMETERY OR CREMATORY	123d LOCATION	7.77
	SPECIFY)		Tann	9 1982 1	ars)	and Mem. Park	PARKY 1) 5	BALTO- MARYAND
24 E	INERAL DIRECTOR	ure	ral C	hapel	88001	Farford ASAN	e REC'D. BY REGISTRAR 25 REC 27 1983	GISTRAR'S SIGNATURE

DHMH - 16 50M 4/B2 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

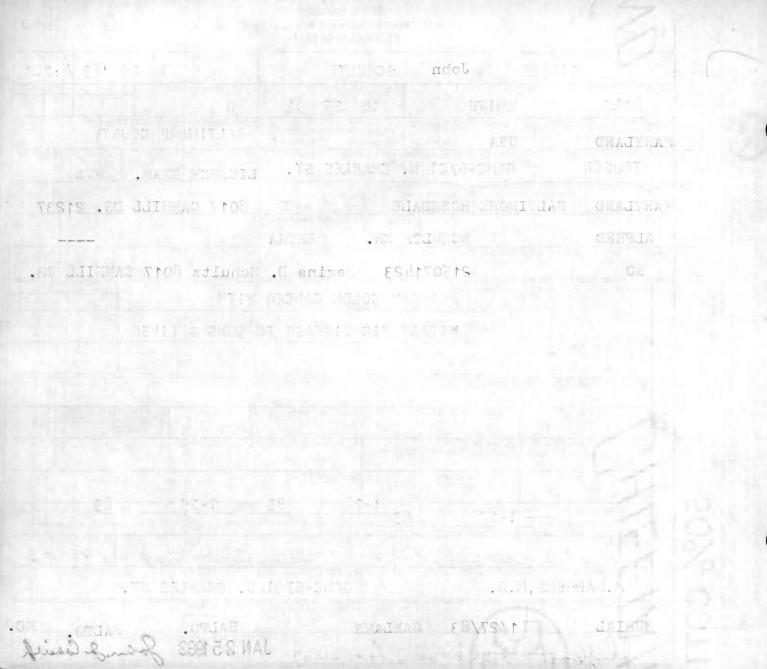
- STATE

(VRA 15, 4)

The State of the S Early day in 1994 and the contract of the cont

	REGISTRAR		CERTIFICATE OF	F DEATH	REG. N	10.		
		GE John	SCHULTZ		20. DATE OF DEATH	MONTH		26. HOUR 4:20A M
3. SE>		4. RACE WHITE	5. DATE OF BIRTH	1°5²		RTHDAY)	IF UNDER 1 YEAR	IF UNDER 74 HRS HOURS MIN.
	COUNTRY)		Y? MARRIED NEVE		9. BALTIMORE CITY O	OR COUNTY	OF DEATH UNTY	MD.
		11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER IN		(TYPE OF WORK FOR MOST	OF WORKING LIF		OF BUSINESS OR
MA	RYLAND BAI		ALE YES	NO 🗶		MHILL	DR. 2	1237
	FIRST		Z SR.	BERTHA	WIDDLE		LAS	51
		IVE WAR OR DATES)					CAMHIL	L DR.
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	ATE CAUSE (0)						MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	)		EASE I	LUNG &	LIVER		
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELAT	TED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PART 10	a
TIFICAT	190, DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PER	RFORMED	200 AUTOPSY?	IN CERTIF	YING CAUSES	
1	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR	INJURY OCCUR	RED (ENTER NATURE OF INJU	URY IN ITEM IS P	ART ( OR PART 2)	
MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		E, FARM, ETC ) STE	REET		OWN	COUNTY	STATE
	above, (1) (we) (did) (did r			, 19	, 10	lote and hou	r and from the	
	mma	nders,	m)		MEDICAL STA	AFF CIAN D		SIGNED 5-A3
					N. CHARL	ES ST		
					236, LOCATION	-0 0 1	•	
	1. DE (TYPE 3. SE) 3. SE: 10 Cl 130. S MA 14. FA	I. DECEASED NAME (TYPE OR PRINT)  3. SEX  MALE  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND  10. CITY OR TOWN OF DEATH TOWS ON  USUAL RESIDENCE (IF NURSING MOME OF 130, STATE PART L. STAME FIRST  ALFRED  16. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)  18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS PART I. DEATH WAS CAUS ON ON UNKNOWN)  19. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS OUT ON ON UNKNOWN)  19. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS OUT ON ON UNKNOWN)  19. DATE OF OPERATION  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMIN 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMIN 210. ICCURRED WHILE AT WORK  220. I certify that (I) (this has sow the deceased a live or above, (I) (we) (sid) (did of 220. SIGNATURE	REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  GEORGE  3. SEX  MALE  MHITE  76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND  10. CITY OR TOWN OF DEATH TOWS ON (GBM CHEST)  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BETTER TOWN OF DEATH TOWS ON (GBM CHEST)  136. STATE  136. COUNTY  MARYLAND  BALTIMORE  ALFRED  14. FATHER'S NAME (IF YES, GIVE WAR OR DATES)  15. CAUSE OF DEATH (Enter only one couse per line for 101, 161, 161, 161, 161, 161, 161, 161,	REGISTRAR  I. DECEASED NAME  (TYPE OR PRINT)  GE ORGE  JOHN  SCHULTZ  3. SEX  MALE  MALE  MALE  MARYLAND  10. CITIZEN OF WHAT COUNTRY?  MARYLAND  11. NAME OF HOSPITAL, NURSING HOME OR OTHER II  (GEMMC-6-70015 STRIK ADDRESSION)  138. STATE  USA  11. NAME OF HOSPITAL, NURSING HOME OR OTHER II  (GEMMC-6-70015 STRIK ADDRESSION)  138. STATE  MARYLAND  BALTIMORE  MARYLAND  BALTIMORE  MARYLAND  BALTIMORE  MODIE  ALFRED  SCHULTZ  SR.  115. MOTHI  116. CAUSE OF DEATH  (IF TES GIVE WAR OR DATES)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (O)  IMMEDIATE CAUSE (O)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED  199. DATE OF OPERATION  199. DATE OF OPERATION  199. CONDITION FOR WHICH OPERATION WAS PER  1216. ACCIDENT WAS UNDERLYING  1216. ACCIDENT WAS UNDERLYING  1216. TURY MEDICAL EXAMINES)  210. ACCIDENT WAS UNDERLYING  2116. TURY MEDICAL EXAMINES)  2126. ACCIDENT WAS UNDERLYING  213. PLACE OF INJURY  (IF ETHER NOTE FURDECAL EXAMINES)  214. PLACE OF INJURY  (IAT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  215. TURY  (IAT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  216. LOCATION OF THE CONTRIBUTION  SOW the deceosed olive on obove, (1) (we) [did] (did not) view the body offer dects.  226. PHYSICIAN'S NAME (TYPE OR PRINT)  226. ADDI  226. PHYSICIAN'S NAME (TYPE OR PRINT)  226. ADDI  226. PHYSICIAN'S NAME (TYPE OR PRINT)  226. ADDI  2278. ADDI  228. ADDI	REGISTRAR  DECRASED NAME (TYPE OR PRINT)  GEORGE  JOHN SCHULTZ  3. SEX  MALE  VICTOR PRINT)  GEORGE  JOHN SCHULTZ  3. SEX  MALE  VICTOR OR PRINT)  JOHN SCHULTZ  3. SEX  MALE  VICTOR OR PRINT  VICTOR OR PRINT  VIDOWED  DVORCED  JOHN DVON  JOHN DVON	REGISTRAR  REGISTRAR  REGISTRAR  LDECASED NAME (IPPE OF MANI)  GE ORGE  JOHN SCHULTZ  3. SEX  MALE  4. RACE  WHITE  70  3. SEX  WHITE  1. ARACE  WHITE  WHOWED  1. ARACE  WHITE  1. ARACE  WHITE  70  3. SEX  MALE  4. RACE  WHITE  70  3. SEX  MALE  1. ARACE  WHITE  70  3. SEX  MARYLAND  1. ARACE  WHITE  70  3. SEX  MARYLAND  1. ARACE  WHOWED  DVORCED  DVORCED	REGISTRAR  I DECEASED NAME I 1981 GE ORGE JOHN SCHULTZ  1 20 DATE OF BIRTH 70 25 1728 70 WHITE WHITE  WHITE  S. DATE OF BIRTH 70 25 1728 70 PART JOHN SCHULTZ  3. SEX  MALE  WHITE  JE DATE OF BIRTH 70 25 1728 70 PART JOHN STOREON  JE DIZEN OF WHAT COUNTRY?  MARYLAND  USA WIDOWED  JONORGED DIVORCED DI	REGISTRAR  IDECEASED NAME INVESTMENT  GEORGE  JOHN SCHULTZ  126 DATE OF DEATH MONTH 1776 OF PRINT 178 DERTHPLACE (STATE OF OPERAT MONTH)  ARACE WHITE  178 DERTHPLACE (STATE OF OPERAT MONTH)  179 DERTHPLACE (STATE OF OPERAT MONTH)  179 DERTHPLACE (STATE OF OPERAT MONTH)  170 DETTH MONTH OF OPERAT MONTH)  170 DETTH MONTH OF OPERAT MONTH OF OP

DHMH - 16 50M 4/82 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR STATE REGISTRAR				DEPARTMENT	OF HEAL	F MARYL LTH AND ATE OF	MENTAL HYG	IENE 8	3 REG. NO	).	0	5	4 7
I. DECEASED NAME (TYPE OR PRINT)	Elizab	eth	M.	SCOGGI	NS LAST			Janu		20, 1	983	YEAR	9:15 P
Female		White	е	100	ATE OF B	IRTH DAY	1888	6 AGE (IN Y	ARS LAST BIRT	YRS.	IF UNDE	DAYS	IF UNDER 24 HRS HOURS MIN.
Maryland		U.S.	Α.	WIE	ARRIED C	D	MARRIED		imore	Cou		ATH	MD.
Rossville		Fran	uchfacility, klin	L, NURSING HO GIVE STREET ADDRES Squar	e Ho	spit		12a USUAL ( ITYPE OF WORK House	FOR MOST O	F WORKING		KIND OI USTRY	F BUSINESS OR
USUAL RESIDENCE IF NO 130 STATE  Maryland	13b. COUN	timore	13c. CITY	OR TOWN	13d Y	ES 🗌	NO 🔀	13e. STREET A		ilto	n Av	ve.	21206
Hugh		NDDLE	N	ixon_		Eli	izabet		MIDDLE		Ge	ern!	nardt
6a. WAS DECEASED EVE (YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)		1AL SECURITY I		INFORM	ean Ky.	le	ADDRE	SS51 Bal	0 Ha		lton Ave
18 CAUSE OF DEA PART I. DEATH	WAS CAUSED					arre	st; acu				BI	APPROXIA ETWEEN O	MATE INTERVAL NSET AND DEATH
Conditions, if or				ONSEQUENCE PUTMOR		edem	a	inf	arcti	on			
couse (o), sto- underlying cou	ting the			onsequence erial er		rdit	is and :	sepsis					
	cerebr	rovascu	ılar a	cciden	t			nal disease	OR CONE	DITION GI	VEN IN P	ART 110	
190 DATE OF OPER	ATION	19b. CON	DITION FO	R WHICH OPER	ATION W	AS PERFO	DRMED	20a AUTO	PSY?				GS USED OF DEATH?

PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	(0)	
Right cerebro	vascular accident					
DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES NOXX	YES 🗌	NO 🗌	
TO CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)		
Id. INJURY OCCURRED  WHILE NOT WHILE I WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn county	STATE	

22d. PHYSICIAN'S NAME (TYPE OF PRINT) D. Wadhwa

23e. BURIAL, CREMATION, REMOVAL

226 SIGNATURE

22e ADDRESS

DEGREE

STAFF

9000 Franklin Square Dr., 21237

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN

ATTENDING

Woodlawn

Baltimore

COUNTY Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

Buria

CERTIFICATION

MEDICAL

or Item 18

21 is morked

MPORTANT

BP

Wadhwa

23b. DATE

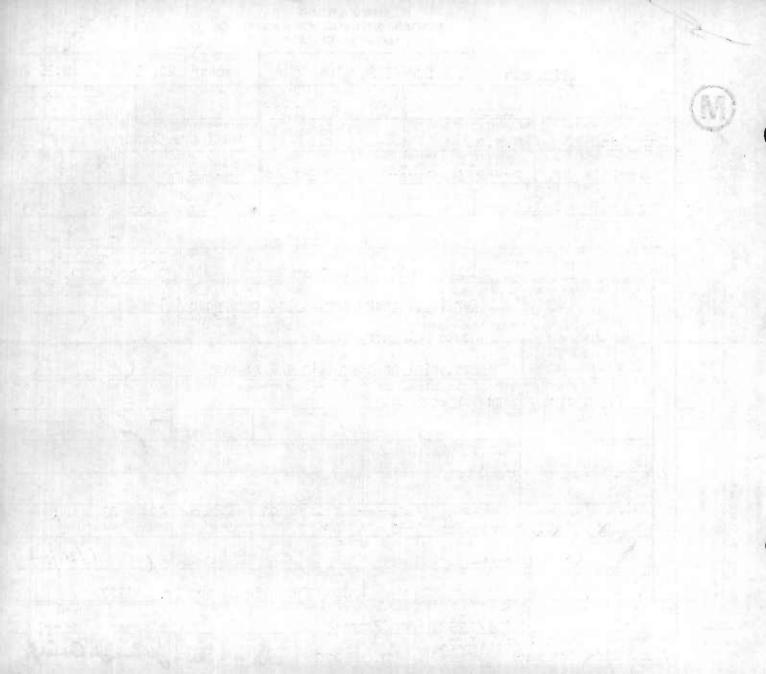
1/24/1983

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue

Dundalk, MD. 21222

25a. DATE REC'D. BY REGISTRAR

22c DATE SIGNE



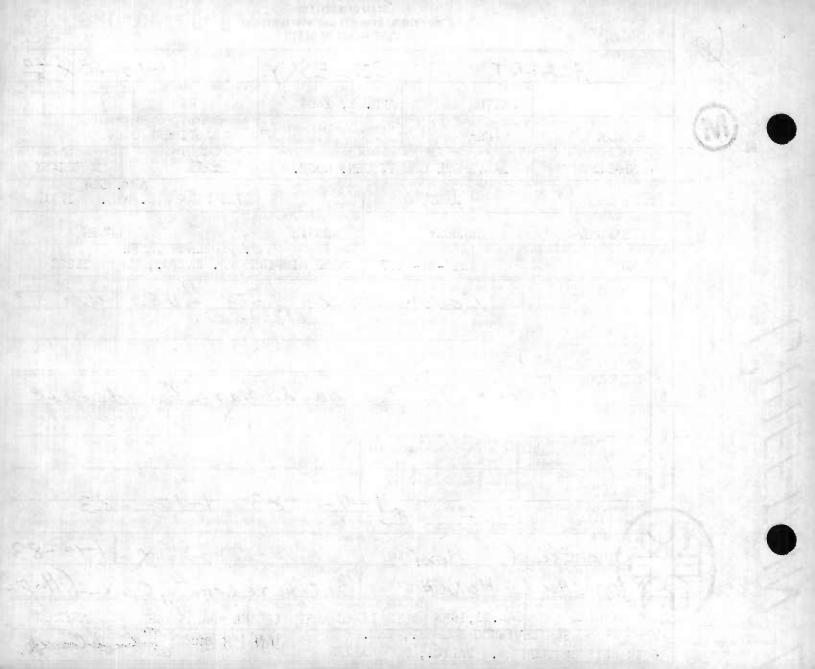
X	1-	FOR STATE REGISTRAR		NENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	SIENE 8 3	0 0 9	4 8
be cath		CEASED NAME FIRST Sister N	Mary Charles	Seif	ert	20 DATE OF DEATH MONTH	/15/83	26 HOUR
ge 4 moy	3 SE)		White	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
orth Poe		RTHPLACE ISTATE OR FOREIGN 76  Md. •	CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Baltimore city or co Baltimore	UNTY OF DEATH	MD
s offer d by the fu iled withi		len Arm	NAME OF HOSPITAL, NURSING THE NOT IN SUCH FACILITY, GIVE STREET,			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Rd. Teacher	(ING LIFE) INDUSTR	of BUSINESS OR
filled in ould be the	USUA 13a S	RESIDENCE (IF NURSING HOME OR OTH TATE 13b COUNTY Balti	1134 CITY OR TOW	N	136 INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS 11630 Glen	210	57
ampletely and 2 sh	14 FA	THER'S NAME August A. Sei	fert LAST		15 MOTHER'S MAIDEN NA FIRST Mary La	ME		LAS1
n and co Pages 1	(1)	(AS DECEASED EVER IN U.S. ARMET ES, NO OR UNKNOWN) (IF YES, GIVE WA	PORCES? 166 SOCIAL SECU 219–66-		A S. Ange.	ADDRESS	Glen Ar	m Rd.
equires that the death certificat n signed by the attending physis Then please remave carbanpop t a burial, cremation, ar removal injury, or ather traumatic event, s	NOI	PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	NCE OF	of colon	NNAL DISEASE OR CONDITION		DXIMATE INTERVAL  N ONSET AND DEATH
he law r has bee t permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FIND CERTIFYING CAUSI YES	DINGS USED ES OF DEATH? NO
PHYSICIAN: TI ending physicin this certificate he burial-transit ad Mental Hygi d ar Item 18 sh		2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	EM 18, PART 1 OR PART 2	
s i i i i	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.}	23f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
uther hospital are the pospital are the		22a I certify that (1) this haspitaly sow the decreased alive an abave, (1) (we) (did kdid not) vi The SKONATURE			19 82  Ind that in (my) our apinion  DEGREE  ATTENDING PHYSICIAN I	death accurred on the date on	d haur and from th	the causes stated
HOSE FUN Puld b h the		Dr. Lawrence	Boas, M. D.		22e ADDRESS	dam Rd., Coc	keysvil	le 21030
BP	24 FU	urial cremation, removal peciety  Burial  NERAL DIRECTOR  NAME  PTAN FUNCTAL E	1/19/83 Si	ster	emetery or crematory es Cemetet edge 2160	23d LOCATION CITY OF TOWN GILEN ATTI FECD, BY REGISTRATES	COUNTY Balto ASTRARS SAN	Md STATE



					E OF MARYLAND		0000
11	1.	FOR STATE REGISTRAR	DEF		IEALTH AND MENTAL HYG		0 0 5 4 7
10	I DE	CEASED NAME FIRST	MIDDLE		AST	REG. NO.	H DAY YEAR 76 HOUR.
	(TYPE	OR PRINT) ALB	ERT	Si	ELESKY	/-	10-53840
	3. SE	× MALE	4 RACE' WHITE	S. DATE C	1, 1894 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN		1, 1054	9 BALTIMORE CITY OR CO	PRS.
1		RUSSIA	USA	WIDOWE		BALTIMORE	
3		RANDALLSTOWN	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY GIVE BALTIMORE			(17PE OF WORK FOR MOST OF WORK	12b. KINK DEFASIMESS (INDUSTRY KINANX
35	13n S	AL RESIDENCE (IF NURSING HOME STATE ARYLAND	OR OTHER INSTITUTION, GIVE RESIDENCE	MORE	13d JUSIDE CITY LIMITS?	3715 PARK HTS	APT. 514 S. AVE. 21215
	14. FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA		
10		SAMUEL	SELESKÝ	)	BESSTE	WIDDLE	LUBIN
1		VAS DECEASED EVER IN U.S. A	AUT THE OR OF THE STATE OF THE	SECURITY NO.		S. FLORENDESSYA	
1	-	YES, NO (IF YES, C	215-2	2-6177	3228 MIDFIE	LD RD. BALTO.	, MD 21208
injury, ar ather	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	N GIVEN IN PART 110.
9	CERTIFICATION	198. DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
ltem 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTE		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	EM 18 PART I OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	19	211, LOCATION		
	ME	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY STAT
			pital) pttended the deceased	from O	-1/- 19	3 10 1-10.	= 19 8 3 that (1) (we
		saw the deceased alive of	1-10	777	nd that in (my) (our) apinion	death accurred on the date on	d hour and from the causes state
E a		22b. SIGNATURE	of view the body offer death.		DEGREE		224. DATE SIGNED
		Soon Ch	ul Ho	4	ATTENDING PHYSICIAN [	MEDICAL STAFF	X 1-10-8
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		220 ADDRESS		111
1		SOONCHU	-L HONG	<i>y</i> -	Baltimor	a Counter	Conceal Mes,
		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	JAN. 11, 1983		EMETERY OF CREMATORY SAAC ADATH ISI		
/82	24 F	UNERAL DIRECTOR SOL	LEVINSON & BRO	S., INC.	250 DA	FREC'D BY PEGISTRAR 250 R	EGISTRAR'S SIGNATURE
4/82	6	010 REISTERSTO	WN RD. BALTO	MD :	21215 JAI	1 10 130. 6.	in it lakely

BALTO., MD

6010 REISTERSTOWN RD.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 28. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) Thomas 1983 Sentz January 29. 3. SEX 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH MONTH July 18, 1913 Male White TE BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED Mary land Baltimore County WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL-OCCUPATION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 2009 Ruxton Rd. Retired Tavern Owner Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 2009 Ruxton Rd. Towson YES | NO TO 21204 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Belle Thomas Sentz Anna Sentz 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Towson, MD (IF YES, GIVE WAR OR DATES) 1931-1933 Mrs. Virginia Sentz 2009 Ruxton Rd. Yes 213-26-0348 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line of to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if pny, which gove rise to immediate couse (o), stating the DUF TO OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [ NO [

CERTIFICATION 218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that () (this haspital) attended the degeased from\_ sow the deceased dive on above (I) (we) (bid) did not) view the body ofter death 82, and that in (my) (our) ppinion death occurred on the date and hour and from the couses stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 1/31/83 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Dr. Bernard Burgin

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detowith the Stote D

MPORTANT:

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238 BURIAL CREMATION REMOVAL 23b. DATE 2/1/83 Burial

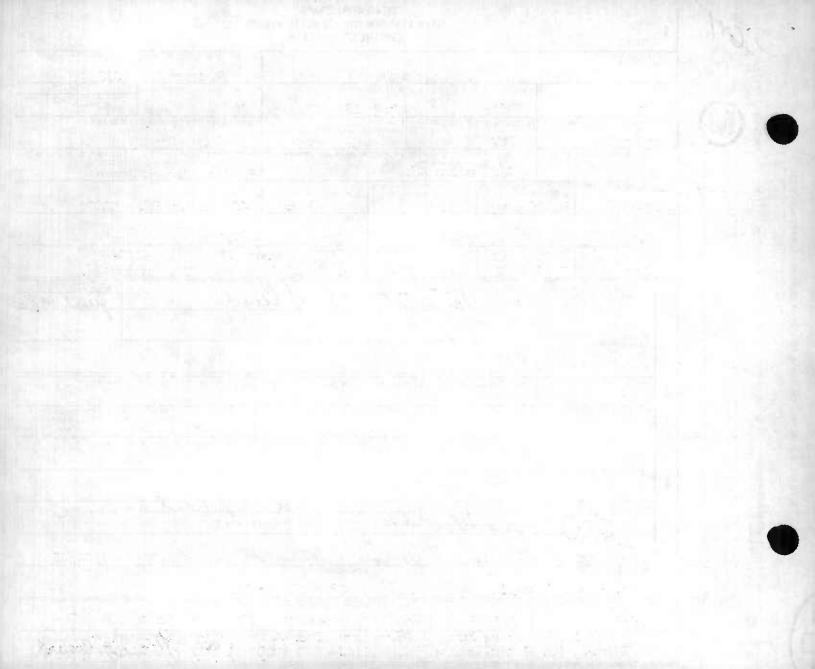
3809 Clarks La. 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION Wood Lawn

Baltimore

24 FUNERAL DIRECTOR Loning Byers Funeral Directors, Inc. 150. DATE REC'D. BY REGISTRAR 1556 AGGISTRAR 1556 AGGI 8728 Liberty Rd. Randallstown, Md. 21133

Woodlawn Cemetery



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST KNOWN 2a. DATE 76 HOUR (TYPE OF PERST) OF ESTI-Vernon W. Seward DEATH MATED RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE OF BIRTH DAY DATE DAY YEAR LAST BIRTHDAY) PRONOUNCED white 69 DEAD YRS Th. CITIZEN OF WHAT COUNTRY BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH REIGH COUNTRY) MARRIED NEVER MARRIED larutana WIDOWED X DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION SHOULD BE FILED 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Arbutus Stouget USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, 13a. STATE 113b. COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? BALTIMORE, MD. 21201 Baltimore Manulana Anbutu NO XAMINER ALONG WITH FORM PM 3. JAILTRANSIT PERMIT, PAGES 1 AND 2 S. MENTAL HYGIENE, DIVISION OF WALL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS LYES, NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) Konea 2015 Klingle Rd. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). ETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF OR REMOVA Canditians, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 301 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF AND ME lying cause last. F HEALTH AND PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) MEDIC CERTIFICATION OF HEA 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NEW.

E FORWARDED TO ...

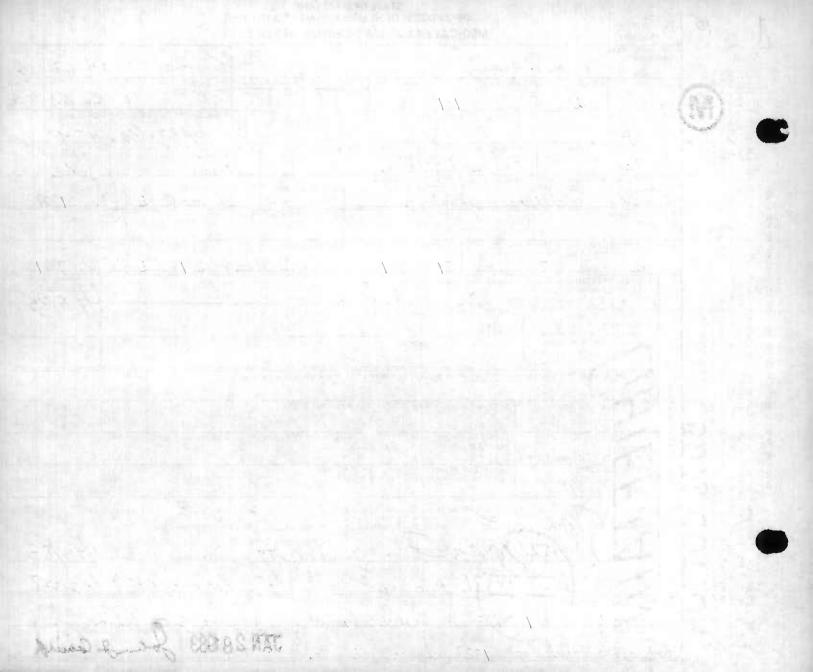
F ORWARDED TO ...

TOR. PAGE 3 SHOULD BE US.

TALE DEPARTMENT OF H.

""ATE DEPARTMENT OF H.

""ATE DEPARTMENT OF H. YES NO 4 21a EXTERNAL CAUSE WAS edit. 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram Accident Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE BP. cremation atannyi remataru 250 DATE REC'D BY REGISTRAR 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Juneral 15M 7/77



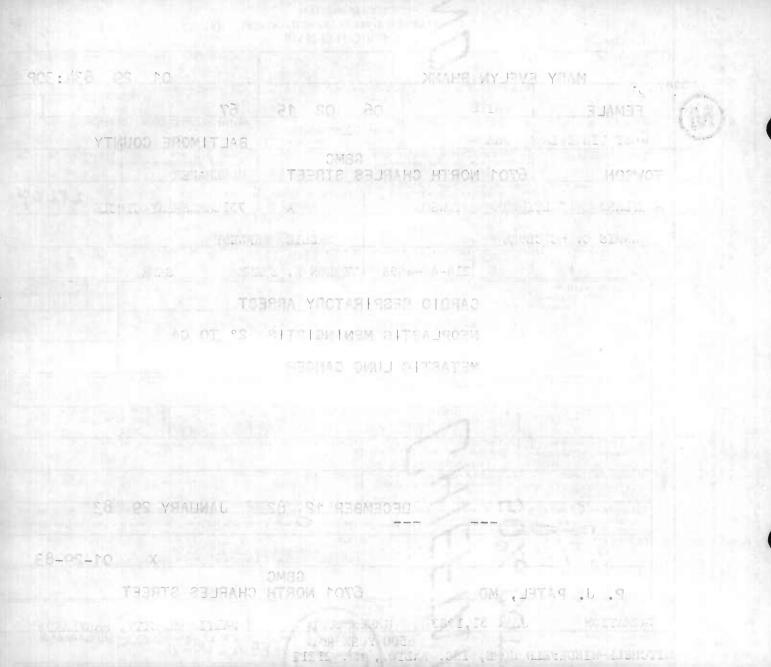
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 15

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25	1.	FOR STATE			DEPART	MENT OF H	EALTH AND MENTAL H	YGIENE	8 3		0 0	: 3	5 3
	1. DE	REGISTRAR CEASED NAME FIRST		M	IDDLE		AST DEATH	20. DA	REG. NO	O. HTMOM	DAY YE	AR 2b.	HOUR
poge 3		OR PRINT) MARY	EVI	EI VNI	SHANK					01	29		: 30P M
pod .	3. SE		4. RA		SHAIN	5. DATE C		6. AGE	(IN YEARS LAST 81R	~	IF UNDER 1	YEAR IF L	UNDER 24 HRS
(AA)		FEMALE		WHITE		06			7	YRS.			OKS MIN.
TAN		RTHPLACE (STATE OR FOREIGN			VHAT COUNTRY?	8. MARRIE	D XX NEVER MARRIED		TIMORE CITY O				
1 50	10 C	WEST VIRGINIA		USA	OSDITAL NILIPSII	WIDOWE	D DIVORCED		LTIMOR WAL OCCUPATI				MD.
36		OWSON	- '				S STREET	(TYPE O	MEMAKER	FWORKING			73114E33 OK
filled in ould be	130. 3		AE OR OTHER OUNTY LTIM(		TOWSON		13d. INSIDE CITY LIMITS?		REET ADDRESS	IAV (	TDCIE	201	204
2 sh		THER'S NAME					15. MOTHER'S MAIDEN		-0.07 Co.12 I Co.12	LAI	TICLE		
B 750		DENNIS C. MC	CLUH		LAST		· NELLIE	KENNE	MIDDLE			LAST	
Poges I and		VAS DECEASED EVER IN U.S	. ARMED		166 SOCIAL SECT	JRITY NO.	17 INFORMANT		ADDRE	\$5			
ers. Pages I. The medica		NO			214-40-4	698	VERNON K. S	HANK		SAME			E INTERVAL
d by the attending physics lease remove carbanpaper ial, cremation, ar remaval. or ather traumatic event, th		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DIATE CA	DUE TO, OR  (b) 1  DUE TO, OR  (c) 1	AS A CONSEQUENCE AS A C	ENCE OF TIC M ENCE OF C LUN	RATORY ARE MENINGISTIS MG CANCER	6 2°	TO CA				
tr. Then prior to but	MOIL	PART 2. OTHER SIGNIFICA					NOT RELATED TO THE TE		SEASE OR CON		ES, WERE F		LICED
has bee r permit. ene pria ows ony	CERTIFICATION	196 DATE OF OPERATION		198. CONDI	TION FOR WHICH	OPERATIO	IN WAS PERFORMED	YES		IN CERT	TIFYING CA	USES OF	
is certificate has burial-transit pe Mental Hygiene or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH D	AY YEAR	21c. HOW INJURY OCCI	URRED (EN	ITER NATURE OF INJUI	RY IN ITEM 18	B PART I OR PAI	RT 2]	
E . mm	MEDICAL	21d INJURY OCCURRED		21s. PLACE C		FARM, ETC	211 LOCATION STREET		CITY OR TO	WN	COUN	TY	STATE
OR: After the rose as the Health and I is morked	. 3	22a.1 certify that (1)(this h					MBFR 12 19 82		JANUAF		9 19 8 -	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(I) (we) last
RECT ed fo pt. of em 2	- 3	saw the deceased aliverabave, (1) web did) (1)	d no vie	w the bady	after death.		DEGREE			are one m		DATE SIG	
RAL DIRECTOR detached tote Dept.	I	カナレ	chil		80	III.	ATTENDING PHYSICIAN	MEDI DIREC	ICAL STAI	FF (IAN K)		1-29	
THE COLUMN		224 PHYSICIAN'S NAME (1			5.8.3.		220 ADDRESS GBMC						
TO FUNI should b with the	22-	P. J. P.	TEL		22.	NAME OF C	6701 NORTH		ARLES S	IRE	t I		
o		CREMATION	100	AN. 31			ENMOUNT		SALTIMOR	E-CIT	COUNTY	BYLA	STATE
1 - 16 50M 4/B2		JNERAL DIRECTOR	- P-				ODY DE 250 D	ATE REC'D	BY REGISTBAR		STRAR'S SIC	SUPLE	il a
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(VRA 15, 4)



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Market Committee of the					

A. Lish Seitz Funeral Home 3818 Coland Ave.

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	1.	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	F	EG. NO.			
1		CEASED NAME E OR PRINT)	FIRST HELEN	A	L.	l	SHIFFMAN	JANUA		198:	YEAR	26. HOUR 5:55 M
	3. SE	× FEMALE		4. RACE WHITE		5. DATE C	r. 29°, 19°2	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTH	DER ) YEAR	IF UNDER 24 HRS
35		IRTHPLACE (STATE COUNTRY) MARY		U	WHAT COUNTRY?	MARRIE			CITY <u>OR</u> COU			MD
17C		PIKESVI:	LLE	(IF NOT IN SUC MILFO	RD MANOR	NURS]	NG HOME	12a. USUAL OCC (TYPE OF WORK FOR HOUSE	MOST OF WORKI		NDUSTRY	HOME
35	13a S	AL RESIDENCE (IF N STATE IARYLAND ATHER'S NAME	13b. COU	ROTHER INSTITUTION NTY	OWINGS N	N	13d. INSIDE CITY LIMITS? YES NO X			., A	PT.	4C #2111
w 30	)	FIRST MAY	ER	MIDDLE	RICHMON		ELLA	M	DDLE		SSBAL	
event, the medical		WAS DECEASED EV YES, NO OR UNKNOWN) NO		RMED FORCES? VE WAR OR DATES)	217-05-2		17, INFORMANT M	IR. LEE J. BEND DR.				
injury, or other troumatic	NO	gave rise to cause (a), st underlying co	Conditions, if ony, which gave rise to immediate aduse (a), stofing the underlying couse last.  ART 2 OTHER SIGNIFICANT C		R AS A CONSEQUE	NOT RELATED TO THE TER	MINAL DISEASE O	CONDITION	I GIVEN IN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 # 1		
Nuo sono	CERTIFICATION	19a DATE OF OPE	RATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS			G CAUSES	OF DEATH?
18 sh	EDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY A	CAUSE OF DE	1 1/1	MONTH D	AY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE	OF INJURY IN ITEM	A 18 PART 1	OR PART 2)	
rkedor	MEDI	21d. INJURY OCC	URRED	21e, PLACE (	OF INJURY PEET, FACTORY, OFFICE, F	ARM, ETC }	21f. LOCATION STREET	2	ry on TOWN		COUNTY	STATE
MPORTANT: If Item 21 is morked or Item		saw the deci	eased alive an	/	e deceased from		nd that in (my) (aur) opinio DEGREE ATTENDING PHYSICIAN	n death accurred o	STAFF _			
PORTA		22d. PHYSICIAN'S MAUI		ELDMAN,	M.D.	in a	6610 CROSS	COUNTRY	BLVD.	#:	21215	5
≥ 1		BURIAL, CREMATIC		23bJDANE 9	. 170.1		EMETERY OR CREMATORY	ROSEI		BA	LTO.	MD <sup>E</sup>

DHMH - 16 50M 4/82

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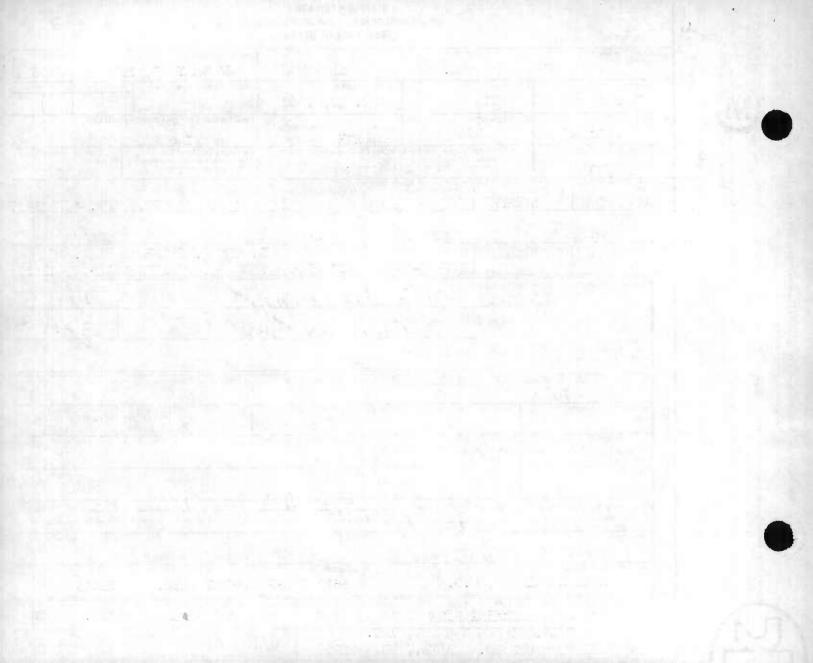
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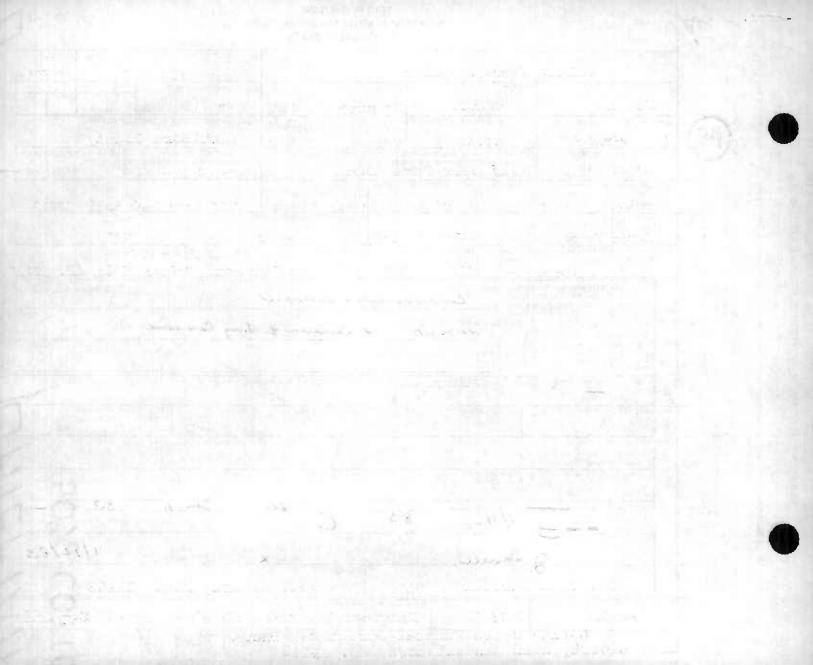
74 FUNERAL DIRECTOR SOL LÉVINSON 6010 REISTERSTOWN RD. SOL LEVINSON

BROS., INC. BALTO., MD

21215

250. DALE PECA BURE GISBAR 256 REGISTRAR'S SIGNATURE





1.	STATE REGISTRAR			ICATE OF DEATH	HIGENE	REG. NO.	U	, ,	2 /
	CEASED NAME FIRST E OR PRINT) MACK	MILLIA		RSTEIN	2a. DATE	OF DEATH MON	O7	YEAR 83	26 HOUR
3. SE	MALE	e ANEA CIO	S. DATE C	OAY YEAR	9 8		YRS.		IF UNDER 24 HRS HOURS MIN.
1/	INTHPLACE (STATE OR FOREIGN EUNIER) ENGLAND ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT CO USA 11. NAME OF HOSPITAL	MARRIE WIDOWE	D DIVORCED	BA	ALTIMORE  ALOCCUPATION	COUNTY	KIND O	MI F BUSINESS OR
Usu	ANDALLSTOWN AL RESIDENCE (IF NURSING HOME)		COUNTY GE	EN. HOSPITA		VORK FOR MOST OF WO	APT.		SURANCE
	MARYLAND  ATHER'S NAME		TIMORE	13d. INSIDE CITY LIMIT YEXX NO [	1190	O W. NORTH			21210
L	REUBEN		ERSTEIN	IDA	A	WIQDEE		CHAY	
	VAS DECEASED EVER IN U.S. A YES NO BUNKNOWN) (IF YES, C	RMED FORCES? 166 SOC 2/2	103-7701	1190 W.NOI		MARYADSHEV PKWY. BA	ERSTE		T.619 21210
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	= P-108CLE	ROTIC HE MELLIT	11 67 8	D'SEAS	E.		
CATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT		not related to the			ON GIVEN IN	PART 110	,
CERTIFICAT	190. DATE OF OPERATION	. 19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AL	IN	L IF YES, WER CERTIFYING YES		
MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MON	19	21c. HOW INJURY OC	CCURRED (ENTER	R NATURE OF INJURY IN	ITEM 18 PART 1 O	R PART 2)	
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	c	OUNTY	STATE
K	22a.l certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did r	01-07	-19 83	nd that in (my) (aur) api	inion death accu	urred on the date of	and hour and		that (I) (we) los couses stated
	22b. SIGNATURE	19 John		DEGREE ATTENDIN PHYSICIA				1/7	SIGNED 183
1	27d. PHYSICIAN'S NAME (TYPE		E)	220. ADDRESS	unto	Gen. +	20210	ita	e.

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 601 0 AMREISTERSTOWN RD. BALTO DDRESS MD

23c. NAME OF CEMETERY OR CREMATORY

21215

R'ANDA'LLSTOWN

JAN. 9, 1983 BETH EL MEMORIAL PARK

COBALTO. MD TAN 1 2 1983

	Michael Control Contro	
A STATE AND DESCRIPTION		
		M) •

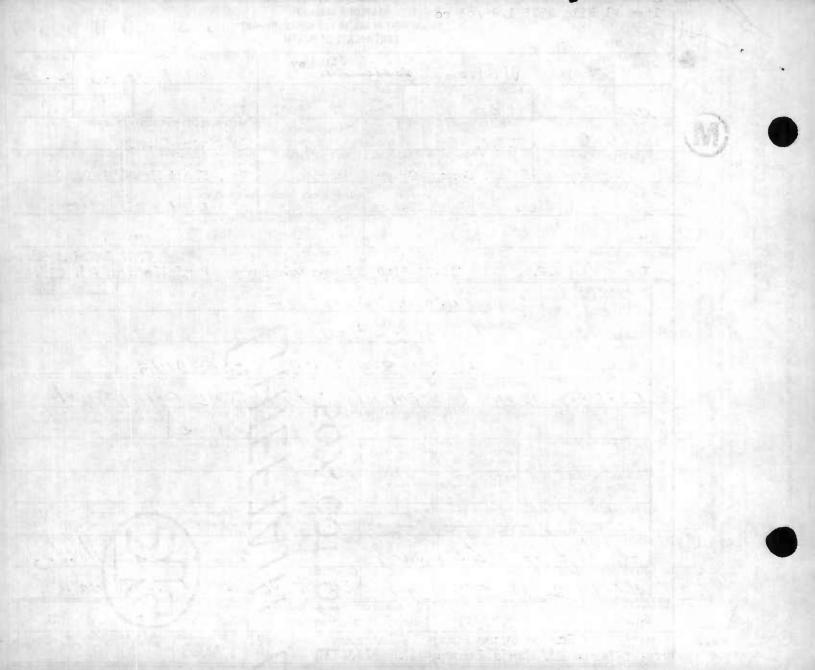
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 2e. DATE KNOWN 1 (TYPE OR PRINT) ESI. DEATH MATED 5 FOR YOUR FILES.

5, WITHIN 72 HOURS

W. PRESTON STREET, ROBERT Milton SIMPSON 3. SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HR DATE MONTH LAST BIRTHDAY PRONOUNCED MALE WHITE DEAD 14 68 YRS 76. CITIZEN OF WHAT COUNTRY 7a. BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Virginia USA WIDOWED [ DIVORCED BALTIMORE COUNTY CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Div. /Sales Mngr. TOWSON John Deere JOSEPH HOSPITAL USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS N.Y. 212 Marsh Drive. DeWitt, N. Y Onondaga DeWitt 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Robert Preston Simpson Ruth Mav Craft 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 13214 DeWitt. N. Y. (IF YES, GIVE WAR OR DATES) 213-03-8088 Nellie M. Simpson, 212 Marsh Drive Yes WW II CAUSE OF DEATH (Enter only one course per line for PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN DUFTO OF AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS lying cause lost CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR GIREFOR GIVEN IN PART 1 IA 19a. DATE OF OPERATION E 3 SHOULD BE USED A DEPARTMENT OF HEAT PRIÇANTO BURIAL, 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE FUNERAL DIRECTOR: ER DEATH, WITH THE S 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian Undetermined monner AFTER DEATH BALLIMORE, (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR COUNTY Fairview Cemetery Virginia Jan 83 Roanoke, Timonium Mote REC'D. BY REGISTERS 256. mmon-Mitchell-Wiedefeld, 10 W. Padonia Rd AN R A 5 ME (5) 15M 2/80

Tankaran (a. 1966). Tankaran (a Tankaran (a. 1966). Tankaran (a

	1	.1	Item #1 Fil	m G57	5 1/25/			OF MARYLAN		0	n/h		
1	1	4	FOR STATE REGISTRAR			DEP		EALTH AND ME		E & S	0.	0	5 9
	-		DECEASED NAME	FIRST		WIDDIE		Sinske	20	DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	poge I		70	HN	Will	IAM	SHAS	144	3		1 16	83	04 45AM
	ma)	3.	SEX		4. RACE		5. DATE C		6. A	AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
-47	ge 4		Male		white	3	Dec.	9111	1901	81	YRS		MOOKS MIN.
	a YAA	70	BIRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	D NEVERMAI	RRIED 9 E	BALTIMORE CITY O	R COUNTY OF	DEATH	
	to lea	K	) Maryland		U.S.A.		WIDOWE	DE DIVO	RCED [] 1	Baltimore	County		MD.
	offer ed w	1	CITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NU CHEACILITY, GIVES	IRSING HOME C	R OTHER INSTITU	UTION 12d	VE OF WORK FOR MOST		126. KIND OI	F BUSINESS OR
201	5 9=	SI	Randallstown	2	Balto.	County	General	Hospita	al 1	Ret. Shee:	t Metal	Mecha	nic
021	24 hour	13	SUAL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	13c. CITY OR	TOWN	13d. INSIDE CITY		STREET ADDRESS			
N N	in 2, till should hould be a second and a second a second and a second a second and	9	MD	Balı	0.	Randa	llstown			3721 LaMon	ine Rd.	2113	33
ARYL	d 2 s	2,1"	FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S M	NAIDEN NAME	MIDDLE		LAST	
¥	omp I on	70	Paul			reitz		Elnore		4000	Utte		
ORE	n and co	16	(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)		SECURITY NO.	17 INFORMANT		ADDRE			ne Rd.
BALTIMOR	S. Po		Yes	W.W.	I	218-1	0-5120	Elnora 1	Lukasavo	age Rando	allstown		
BA	ysici oper oper ovol.		18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	ly one cause pe	r line far (a), (b			-			BETWEEN	MATE INTERVAL
ST.,	g ph son p remo				E CAUSE (a)	CAKD	14C F	784370	265				
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× ×	by the		cause (a), stotic	ng the	DUE TO, C	R AS A CONS	EQUENCE OF		01	0.000	1110		
201	d lo lo				( Ic) <u>/</u>	51957D	0/1///	-511N1	176 A	BLEED	NB		
	signe hen p to bur njury, d	2	PART 2. OTHER SIGN	2		- 0	TO DEATH BUT	NOT RELATED TO	OTHE TERMINA	L DISEASE OR CON	DITION GIVEN	IN PART TIO	1
RECORDS,	or to	1	190. DATE OF OPERA	W V/C	SCLILF	// / /	CIDEN	N WAS PERFORM	45D	200 AUTOPSY?	20b. IF YES, W	EPE SINIDINI	CELISED
		7 8	198. DATE OF OPERA	11014	170 COND	THON FOR W	TICH OPERATIO	N WAS PERFORM			IN CERTIFYIN		OF DEATH?
VITAL	hysician. froote has fronsit per I Hygiene 18 shaws	2	210. ACCIDENT WAS UNI	DERLYING I''	1 21b. TIME C	DE INJURY		121c HOW IN JUI		YES NO W	YES [	OR DART 21	но 🗆
Y .	- a = a =	- 6		CAUSE OF DE	TH HOUR A	M. MONTH			MT OCCORNED	(ENIER NATURE OF INJU	KT IN LIEM IS PART	ORPARI 2)	
2	HYSICIA Iding ph Iding ph Ins certiff buriol-tr Mental	1	(IF EITHER, NOTIFY MEDI			OF INJURY	19	21f LOCATION					
		124	1411175 1401 441	HILE []		REET, FACTORY, OF	FICE, FARM, ETC )	STREET		CITY OR TO	WN	COUNTY	STATE
á	or atter Se os t		226.1 certify that (I)		tal) attended th	he deceased for	000	1	19	to	. 19_		hat (I) (we) lost
	OR: OR: or us		sow the deceos	ed alive on	a line or					th occurred on the de			
	hosp hosp RECT RECT ed for		above, (1) (we) (	did) (did na	t) view the body	death		DEGREE				12c DATE	
	the horal transfer of the proches of		Hafe	er.	1	wood	11/2		ENDING A	MEDICAL STA		1/1	1/00
	HOSPITAL ined by the FUNERAL old be detected in the Stote ORTANT. It	- 4	724 PHYSICIAN'S N	ADME LIVERE	emal	100		22e ADDRESS	TSICIAN LID	IRECTOR PHYSIC	IAIN	1/10	100
	Ser Est &		HAFEL	=7	0	YEA	m.1)	BALTII	MARE	COUNTY	BEN.	Has	P.
	Shoot Shoot	73	g. BURIAL, CREMATION,	REMOVAL	23b. DATE	011	231 NAME OF C	EMETERY OR CRE	EMATORY I	23d LOCATION	10.11	,,,,,	
	BP	1"	Burial	TETTOTAL	1/19/			n Cemete		Woodlawn	Bali	EO.	MD STATE
		24	FUNERAL DIRECTOR	Lorin					-	C'D. BY REGISTRAR			
DH	MH - 16 50M 4/B2 (VRA 15, 4)		728 Liberty					133	JAN	171983	John	2.0	amely



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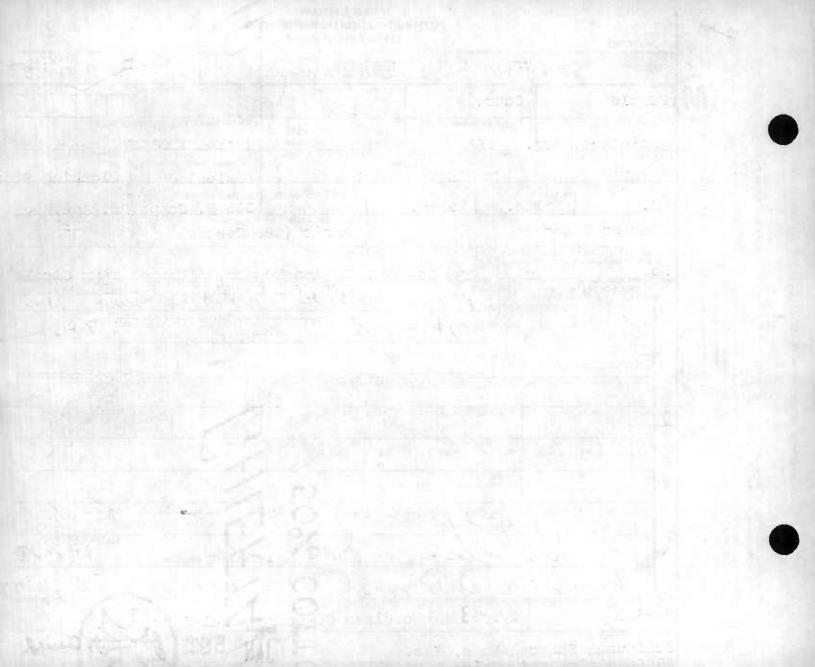
DHMH - 16 50M 4/82

(VRA 15, 4)

Schimunek Funeral Home, Thc.

9705 Rollin Dond Bally

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



6010 Keisterten

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATH

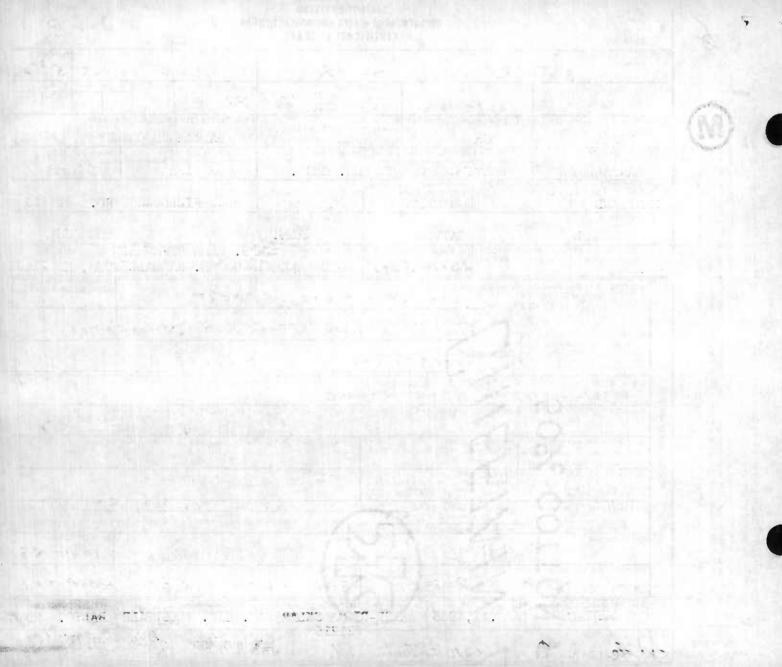
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DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



The state of the s

#	1.	FOR - STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3	0	0 5	6 3
		CEASED NAME FIRST		WIDDLE		AST	26. DATE OF DEATH		YEAR 2	2b. HOUR
e 40	(TYP)	E OR PRINT)	ZABETH	B. F	. SL	ACK	January	24. 198	3	11 A. M
	3. SE		4. RACE		5. DATE C	FBIRTH	6. AGE (IN YEARS LAST	BIRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
18.0		Female	Wh	ite	Augi	ust 16, 1892	2 90	YRS.	VIHS DATS	HOURS MIN.
MAIL		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8.	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	FDEATH	
-3		MD		JSA	WIDOWE	DIVORCED	Baltin	nore Co	unty	MD.
2	10. C	ITY OR TOWN OF DEATH	LIF NOT IN SU	CH FACILITY, GIVE ST	REET ADDRESS)	R OTHER INSTITUTION	120. USUAL OCCUPA		12b. KIND OF INDUSTRY	BUSINESS OR
10		Lutherville	Collec	ge Man	or Nur	sing Home	Homem		_	Home
200	USU 130	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	13t. CITY OR T	FORE ADMISSIONS	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	S		
N	V	Naryland		Balti	more	YES X NO	8 Bisho	ps Road	d 212	18
- In	14. F/	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LAST	
300		Blanchard		Randa		Susan			rune	
dico.		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?  GIVE WAR OR DATES)	16b. SOCIAL S	ECURITY NO.	17 INFORMANT		RESS		
10		No		216 24	0386	W. Camer	on Slack,	Balto.		ATE INTERVAL
y injury, or other trou	ATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION	(c)		TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CO		IN PART TO	GS LISED
shows or	CERTIFICATION						YES D NO	IN CERTIFY II	NG CAUSES C	
hem 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	CAL MONTH	DAY YEAR	21c. HOW INJURY OCCU	JKKED (ENTER NATURE OF IN	ijury in item 18, part	I OR PART 2)	
He le	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI		OF INJURY	19	21f. LOCATION				
0	MEC	WHILE IT NOT WHILE IT		TREET, FACTORY, OFF	ICE, FARM, ETC )	STREET	CITY OR	TOWN	COUNTY	STATE
	-	AT WORK	. 10 1.1.		M	11/ 5	9 000	24	83	not W (we) lost
n 21 is n		sow the deceased alive above (We) (did) (did)				d that in (my) foot opinio	on death of fred on the	date and hour a	nd from the co	ouses stated
NT. # Her		226. SIGNATURE  226. PHYSICIAN'S NAME (TV)	uls !	4.	M.E	ATTENDING PHYSICIAN  122e ADDRESS	MEDICAL ST DIRECTOR PHYS	AFF SICIAN []	1/2:	5/83
IMPORTANT		Dr. Worth	( /	iels, N	l. D.		nase St.,	Balto.,	MD	
3 4	230.	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
		(SPECIFY) Burial	1/27	*		nore Nation				ND
M 4/82	24. F	NAME HEND					MAN 2 5 1683	AR 25b. AEGISTRA	R'S SIGNATUI	RE
4)	4	905 York Roa	ad, Balt	0., ME	212	212	- 1 1000	gow	10 W	well

MAN DEST AS HELF L MIDA PL. J. SWHITEST ST Const Amite outs 1, 182 unrerville Collect Manor Nursing Lorde Hornerte Con Hornerte Seltinore x x Etalia Baca sporting 8 THE PARTY OF THE P ULL Electric March Campagon Mars, Edder, MS the sale of the sale of Ph. Porth B. Gantala, N. E. 11 E. Chant St., Blto., N.D. Euril 1 The Eurine verions to the Hagmen. Ush ins B sons Bs. ALE Your Die, El'D., WEELTE

	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AND

LAND

8	3	0	0	5	6	2
	REG. NO.					

1.	FOR STATE REGISTRAR			DEPARTN			ND MENTAL HY	GIENE	REC	G. NO.	O	0	)	0 4
	CEASED NAME	orothy	543	M .		AST			E OF DEAT			DAY YEAR	2b.	. HOUR
3 SF	3 SEX		RACE	w •	Smith  15. DATE OF BIRTH			nuary		19	IF UNDER 1 YE	AD IF	UNDER 24 HRS	
3 31					MONTH DAY YEAR					31 DIKINDA		MONTHS DA		DURS MIN.
	Female		White		June 14, 1907			75 YRS.						
	IRTHPLACE (STATE OR F	CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED			9. BALT	9. BALTIMORE CITY OR COUNTY OF DEATH						
	Washington		S.A.	WIDOWED X DIVORCED			Baltimore County, MI							
10 C	ITY OR TOWN OF DEA	TH II		HOSPITAL, NURSIN		OR OTHER	INSTITUTION		JAL OCCU			12b. KINI	OF BU	USINESSOR
T	owson		i-Medical					(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Secretary Clerical				ra1		
USU	AL RESIDENCE (IF NURS		HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					-		010		,
	Maryland Ba		imore	Baldwin		YES T	IDE CITY LIMITS? 13e STREET ADDRESS						21012	
	Maryland Bar		THOLE		15 MOTHER'S MAIDEN NA/			13523 Devonfield Drive 21				21013		
	FIRST	MIE				13 /1011	FIRST	0.11	MIDDIE			LAST		
14 1	R.	н.		Valsh			Ina			000000	Sw	ihart		
	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME												
	No			230-50-8	844	Mrs	. Nancy	S. B	arran	s S	ame	as #	13.	
				ne couse per line for (o), (b), and (c) ,						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH W	IMMEDIATE		Sesses								10		
9	4360			DUE TO, OR AS A CONSEQUENCE OF						70.00	7-5			
	Conditions, if ony,	which	(b) (B) SIDER CVA							5 00				
	gove rise to imm	nediote												
	underlying couse	J	DUE TO, OI	DUE TO, OR AS A CONSEQUENCE OF										
	DISTO STUDENT	(c)												
TION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110													
		DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 706. IF YES, WERE FINI												
10 A	190 DATE OF OPERATION		196 COND	HON FOR WHICH	OPERATIO	PERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA					
MEDICAL CERTIFICATION			YES 🗆					ON [		YE			10 🗆	
	21a. ACCIDENT WAS UNDERLYING		21b. TIME O	f Injury M. Month da	Y YEAR 216 HOW INJURY OCCURE		RED (ENT	ER NATURE OF	INJURY IN I	IEM 18 P	PART 1 OR PART 2	2)		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		P.	19										
EDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK		21e. PLACE		211 LOCATION				on town:		COUNTY		STATE	
Σ			(AT HOME STREET, FACTORY, OFFICE, FA		RM, ETC ) STREET		INCE	CITY OR TOWN		JR IUWN		COUNTY		SIAIE
		20.1 certify that (1) (this haspital) attended the deceased from 3 19.82 to								10 8 3	4h = 4	t (I) (we) lost		
	sow the decease	d olive on			12.1	d that in (	my) (our) opinion	death oc	curred on t	he dote o	nd hou	r ond from t	he cou	ses stoted

Shorofski, M.D. Alan M.

22b. SIGNATURE

22e ADDRESS

ATTENDING PHYSICIAN

1708 Whitehead Road Woodlawn, Maryland

230. BURIAL, CREMATION, REMOVAL (SPECIEY)

Burial Jan. 4, 1983

23¢ NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery

23d LOCATION
Alexandria, Virginia

STAFF

PHYSICIAN

24 FUNERAL DIRECTOR 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204

JAN

MEDICAL

22c. DATE SIGNED

3

83

STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR

BP

should be detoched for use os the buriol-tronsit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu

morked or Item 18 sho

MPORTANT: If Item 21 is

The transfer of the state of th Ferrie June 16, 1901 The state of the s To so I will take the total destate the comment of The second and one of the control of the second of the sec 2 miles act select select .B Chi-de des Jane d. Harres June es Mis. divisit And Jan. O, 1785 Eve 1617 de etce discussió, Vistalia wer To see Emeral More, Inc. Towns, Me. Direct Make the see of the second carban papers. Pages

shauld be detached far use as the burial-transit permit. Then please remove carbonpapir with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

MPORTANT: If Item 21 is marked or Item 18 shaws any

24 FUNERAL DIRECTOR

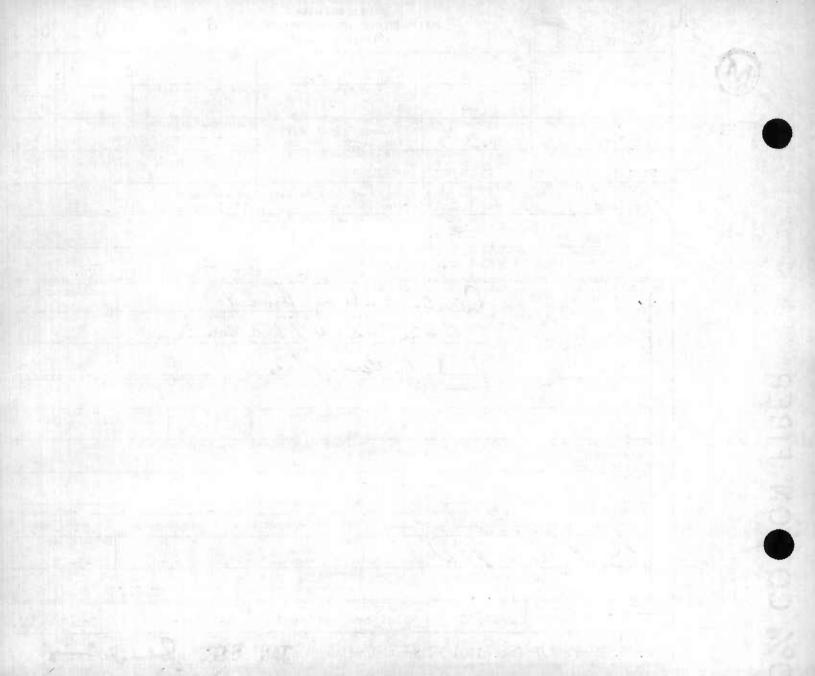
Wm. Nach F/H Inc. 1101 E. Forth Avenue

injury, or other troumotic

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR			HEALTH AND MENTAL HYO	GIENE 8 3	00565						
1. DECEASED NAME FIRST	WI	DDIE	TAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR						
GILBEI	RT I	SM	ITH Sr.	1	-5-83 5:43am <sub>M</sub>						
3. SEX	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS						
male	Blac		15 22	60 YRS.							
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY? 8.	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH							
Maryland	U.SA			BALTIMORE COUNTY M							
TOWS ON	(IF NOT IN SUCH	DSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS)  JOSEPH HOSPIT		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY						
Maryland		30. CITY OR TOWN  Baltimore	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRESS 7193 McClean	Blvd. 21234						
14 FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	LAST						
George		Smith	Amelia		Gray						
16a WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (1F YES, 6	GIVE WAR OR DATES)	66 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS							
Yes		725-09-3285		nders 7193 McC							
Canditians, if any, which gave rise to immediate cause (a , stating the underlying cause last.	DUE TO, OR	levoles - 1 re	RAM NEGATIVE	BACTEREMIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
PART 2 OTHER SIGNIFICAN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITI	ION FOR WHICH OPERATIO	ON WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)						
OR CONTRIBUTING CAUSE OF D	VER) P.M	. MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)						
214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OI (AT HOME STREE	FINJURY T FACTORY OFFICE FARM ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE						
220.1 certify that XI (this haspital) ottended the deceased from 1-1 , 19 83 , to 1-5 , 19 83 saw the deceased alive on 1-5 , 19 83 , and that in (My) (aur) opinion death accurred an the date and hour and from the above, (Nawe) (did) (did now yiew the body after death.											
22h SIGNATURE	ga fr	W.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 1−5−83						
174 PHYSICIANS NAME (I'M	egimen I		22e ADDRESS								
BERNARD KARP				ROAD TOWS ON MD	21204						
BURIAL STANDS	23b. DATE 1/11/8		cemetery or crematory ore National	Baltimore	COUNTY Co. STATE Md.						

DHMH - 16 50M 1/B1 (VRA 15, 4)



FOR - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

NE 8 3

0 0 5 6

REGISTRAR			CE	CRIE OI DENIII	REG. 1	10.			
1. DECEASED NAME	FIRST	MIDDLE	L	151	20. DATE OF DEATH	MONTH	DAY	YEAR	26. HOUR
TYPE OR PRINT)	LDIE	MAE	SM	ITH		01	29	8:	7:30P
3. SEX	4. RACE		5. DATE O		6. AGE (IN YEARS LAST B	RTHDAY]	MONTHS	ER I YEAR	HOURS MIN.
FEMALE	WHI	TE	MONTH 09		89	YRS.			MIN.
BIRTHPLACE (STATE OR F	OREIGN 76. CITIZEN	OF WHAT COUNTRY?	8 AA A PRIEF	NEVER MARRIED	9. BALTIMORE CITY	9. BALTIMORE CITY OR COUNTY OF DEATH			
ennsylvania	u.s	5.A.	WIDOWE			E CO	UNT	Y	ME
CITY OR TOWN OF DEA	TH 11. NAME	OF HOSPITAL, NURSIN	NG HOME O	CHICK CHISTITUTION	178. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE  138. STREET ADDRESS				
OWSON	6701		ARLES	STREET					
JAL RESIDENCE HE NURS STATE	ING HOME OF OTHER INSTITU	TION, GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?					
aryland	<b>-</b>	Baltimor		YESX NO   6855 Sturbridge					1234
ATHER'S NAME	WIDDLE	LAST	100	15. MOTHER'S MAIDEN N	IAME MIDDLE			LAS	51
ames		Weimer		Ida			Ho	ffma	n
WAS DECEASED EVER	IN U.S. ARMED FORCE		17 INFORMANT	ADDI	tess				
No	-	211-09-3	258	James W. Si	mith 6855 St	turbri	idge	Dr.	21234
		per line far (a), (b), an	nd (c).)					BETWEEN	ONSET AND DEATH
PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (o	R ESPIRA	TORY	ARREST		1.5		10 N	MIN.
4360		D. OR AS A CONSEQU	ENCE OF						
Conditions, if any,				CEREBIAL C	CVA				
gave rise to imm		D, OR AS A CONSEQU	ENCE OF		The state of the				
underlying couse		1	2,102 0,						
PART 2 OTHER SIGN	VIFICANT CONDITION	S CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR COI	VDITION G	IVEN IN	PART 1	a i
190 DATE OF OPERA	ION 19b CC	NOTION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTOPSY?				NGS USED OF DEATH?
2.1					YES NO		YES 🗌		NO 🗆
21a. ACCIDENT WAS UND	U 11011	AE OF INJURY R. A.M. MONTH D	AY YEAR	21t. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN.	URY IN ITEM 18	B PART 1 O	R PART 2)	
OR CONTRIBUTING C	LAUGE OF DEATH	P.M.	19						
21d. INJURY OCCURE		ACE OF INJURY	CABAL ETC.	21f LOCATION STREET	CITY OR TOWN COUNTY			STATE	
WHILE NOT WH	ILE	TREET, PACTORY, OFFICE,	rana, erc j						
22a I certify that (1)	(this hospital) ottende	d the deceosed from_	JANUA	RY 24, 19 8	3 to JANUA	<b>RY29</b>	. 19	83.	that (I) (we) la
saw the deceose	ed alive on JANI	JARY29_19_		d that in (my) (aur) opinio	on death accurred an the	date and h	aur and	fram the	causes stated
22b. SIGNATURE	na fara nari view me c	Jody diret debiti.		DEGREE		T	, 2	2c DATE	SIGNED
benutha	n Dissim			MO PHYSICIAN		AFF ICIAN 🖳		1/3	29/83
22d. HYSICIAN'S NA				220 ADDRESS GBN					7 - 7
JONATH	AN DISSIN	N MD			TH CHARLES	STR	FET		
23a BURIAL CREMATION			NAME OF C	EMETERY OR CREMATORY		UIII			
Burial				emeters.	T.atroho I	Joa+M.	COU		STATE

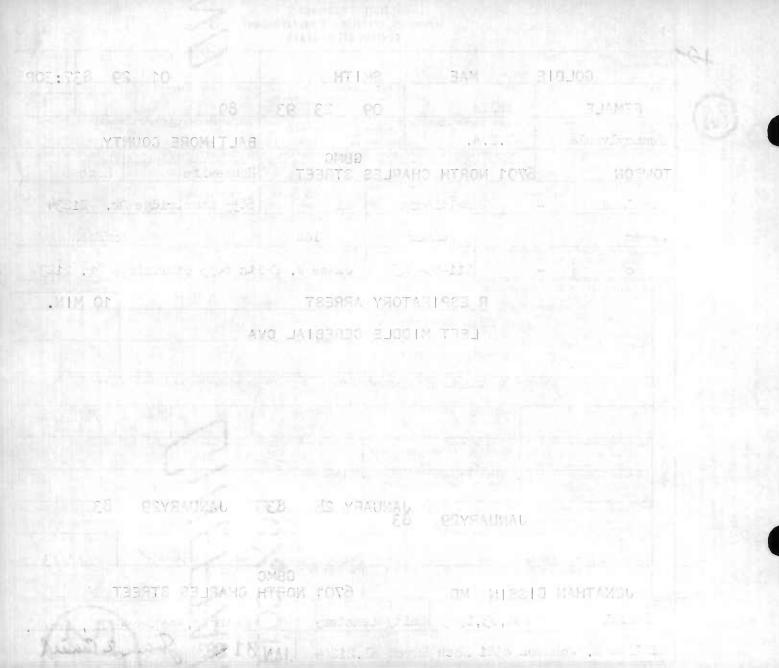
DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

William E. Johnson 8521 Loch Raven Bl.21204

250. DATE REC'D. BY REGISTRAR JAN 31 1983

PREGISTRAR'S SIGNATURE



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Paltinore County		X	.1.5.		n h ç i - v i i
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r. Tinder	Wife!!				Tyler
15% Montpole Boned Code to Malle, MA. 2121	Aldring bro		-> -3r-		oli

injury, or other troumotic event, the

MPORTANT: If Item 21 is morked or Item 18 shows ony

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

NL.	OBTRAK					REG. N	O.		
1. DECEA	SED NAME FIRST		MIDDLE	ŧ	AST	20. DATE OF DEATH	MONTH 191	DAY YEAR	2b. HOUR
	MILD	RED	0.	SN	YDER	January 3	. 198		12:55 M
3. SEX	, ·	4. RACE		5. DATE C		6. AGE TIN YEARS LAST BIR		MONTHS DATS	IF UNDER 24 HRS
	<u></u>	N		MONTH	9/29/17	65	YRS.	MONTHS DATS	HOURS MIN.
70 BIRTH		76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
1	v. VA	US	A	WIDOWE		Baltimore	Coun	ty	MD.
10 CITY C	OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSIN	G HOME (	DR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND C	F BUSINESS OR
KOS.	SYLLE	FRAM	KLIN	5Q.	H051.	THE STATE OF THE S	-040	JEWE	LAC
130. STAT	ESIDENCE (IF NURSING HOME OF		13c. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	21	1220	
m		PALTO	MIDDLE R	IVER	YES NO D	43 5	TABL	12 ER	DR
14. FATHE	ER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA			LAS	
5	FRED	Mor	175		LORA	POLIA ADDR	15		
IYES. N	O OR UNKNOWN) I HE YES. G	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDR	SS		
1	VO		235 300	2956	KERMIT	SNYOER		ABOU	E
18.	CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per	line for (o), (b), one	l (c).				BETWEEN	MATE INTERVAL
		TE CAUSE (o)	Cardiopulr	nonar	y Arrest				
1 1	4360		R AS A CONSEQUE						
Co	onditions, if ony, which				r Accident				
	ove rise to immediate ouse (a), stating the	)	r as a conseque						
ur	nderlying couse fost.	(5)	R AS A CONSEQUE	NCE OF					
PA	RT 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIV	EN IN PART 10	21
CERTIFICATION 180°									
Y 19a.	DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
E						YES NO		YING CAUSES	NO [
₩ 21a	ACCIDENT WAS UNDERLYING	21b. TIME O		V VEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, P	PART 1 OR PART 2)	
A OR	CONTRIBUTING CAUSE OF DI	AIH		19					
	INJURY OCCURRED	21e PLACE	OF INJURY		711 LOCATION	CITY OR TO		COUNTY	STATE
441	HILE NOT WHILE NORK	(AT HOME, STR	EET, FACTORY, OFFICE FA	ARM, ETC )	SIREE	CITY OR TO	WIN	COUNTY	STATE
220	I certify that X (this hosp	ital) attended the	e deceosed from		t. 25 <u>19</u> 82		y 3	19_82	that 💢 (we) lost
	sow the deceased alive a above, (we) (did) (diges	ot) view the book	ofter death.	, or	nd that in ( (our) opinion	deoth occurred on the d	ote and hou	r ond from the	couses stoted
22b	SIGNATURE		1		DEGREE			22c. DATE	SIGNED
		1			ATTENDING PHYSICIAN	MEDICAL STA		1/2	3/83
22d	PHYSICIAN'S NAME HIXE	OR PRINT)			22e. ADDRESS				1
25 0	Depro.	TERNAN	Dez m;	۵.	9000	Franklin Squ	are D	rive 21	1237
23a, BURI.	AL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION			
(SPEC	BURIAL	1/6/	83 8	ARK	WOOD	BALT	0	COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

34 FUNERAL DIRECTOR CONNELLY

300 MACE

JAN 6

250. DATE REC'D. BY REGISTRAR 256 PISTRAR'S SIGNAL RELIEF

1983

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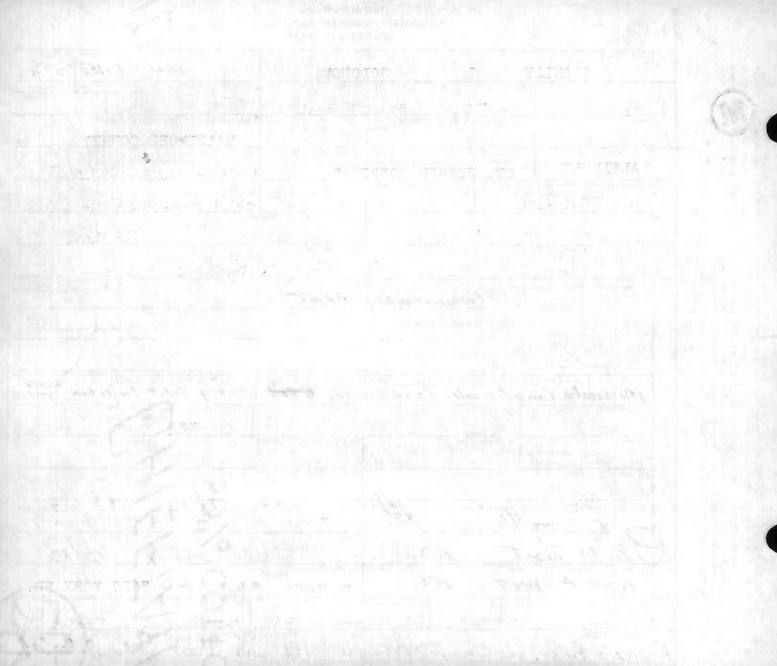
JAWARY 26, 63 CHUMRY 28, UR

V. C. MALONI CHEEL, ITEM MINNO, PARTEN

TOTA BUOK STREETING FOLLS, TYPE BELLE AVERUE AND STREET & Comp. Colins.

101	1.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE & S	0 0 5 7	0
		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MON	2011/00	
ь е е е е е е е е е е е е е е е е е е е	(TYPE	STANLE	EY L	SO	LOMON	JAN	1 - 1-1983 50	A M
6	3. SE	(	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	IF UNDER LYEAR IF UNDER	24 HRS
(HA)	5	JALE	WHITE	AUG		85	YRS.	MIN.
2 1 1 1 · ·	7a. 81	RTHPLACE   STATE OF FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR CO		
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10	W JERSEY	U.S.A.	WIDOW		BALTIMOR	E COUNTY	MD.
The day	10. C	TY OR TOWN OF DEATH		PITAL, NURSING HOME ( ILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINE	SSOR
Se filed th		BALTIMORE	ST. JO	SEPH HOSP	ITAL	MAT MAN-L		EEL
5 .5 g	USU. 13a. S	AL RESIDENCE IN NURSING HOUSE TATE	THER INSTITUTION GIVE I	RESIDENCE BEFORE ADMISSION) CITY OR TOWN	1136. INSIDE CITY LIMITS?	13e. STREET ADDRESS	21234	
filled ould be	5	ID. BAL	67.	CITORIOWIN	YES NO	9234 HARF	ORO VIEW ORi	VI
within within d 2 sho	14. FA	THER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NO	AME	LAST	
b ond of the	6	JilLiAM -	T. Sc	ropor	EMMA	Model	TAYLOR	.53
ond co		VAS DECEASED EVER IN U.S. AF	MED FORCES? 166	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
Pogo E		25 W.U	to a	3075585	FAMILY	1 RECORDS		
ficate by physicia papers naval.		18. CAUSE OF DEATH (Enter or	nly one couse per line l	lar (a), (b), and (c).)			APPROXIMATE INTER BETWEEN ONSET AND	DEATH
certificate ing physici bondoper r removal.	73	PART I. DEATH WAS CAUSE	TE CAUSE (O) CAR.	DISPULMON ARU	ARREST			
		7213	DUE TO, OR AS	A CONSEQUENCE OF				
death ottend ave co otion, a		Canditions, if any, which	(b)					
the reme	50	gave rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF				
es that ned by please vrial, cr		underlying cause lost.	(c)					
· = 00 = 00 E.	,	PART 2. OTHER SIGNIFICANT Metastatic Ca	CONDITIONS CONTR	RIBUTING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 119 LU	NG
require to sign to the sign to	CERTIFICATION						,	nASS
à de a o	ICA	190 DATE OF OPERATION	196. CONDITION	N FOR WHICH OPERATIO	ON WAS PERFORMED	IN	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT	
The It con.	ET				In the second	YES NOXX	YES NO	]
G PHYSICIAN: The ottending physician for this certificate has the buriol-transit p and Merriol Hygien had or them 18 showned or		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		MONTH DAY YEAR	ZIC. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN	ITEM IB PART I OR PART 2)	
SICI ng p	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19	AN CONTROL			
PHY: endin	Me de	21d. INJURY OCCURRED	210. PLACE OF IN	ACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
NG After of the ost of		AT WORK AT WORK		127		7 //	93	
ON O		220.1 certify that (IXIthis hasp			nd that in (3%) (our) apinion	, to	nd have and from the causes sto	
OR ATTEN te hospital DIRECTOR, oched for u Dept. of He	1	sow the deceosed alive or love, M (we) (did) (M M)	view the body after	death.		death accurred an the date of	22c. DATE SIGNED	pred
	1	A D 7/	1+	MD.	DEGREE ATTENDING	MEDICAL STAFF	VIII. DATE STIGNED	
ITAL Dy the State of the State	1	22d. PHYSICIAN'S NAME (TYPE)		M12.	PHYSICIAN	DIRECTOR PHYSICIAN	1/1/83	
HOSPII ined by FUNER buld be of h the Str		A A	HOY T	M.D.	1+03	P. ALL MAN	7620 YORK R	1
TO HOSPITA retained by TO FUNERA should be do with the Stoll IMPORTANT	-	relex	TUL		ST, JUSCOPH		1020 YURK R	υ.
	230.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	A	STATE
BP	24 5	SUR, AL JNERAL DIRECTOR	11-4-198	22 1750	HAVEN FAR	TE REC'D. BY REGISTRARIZS.		10
DHMH - 16 50M 4/B2	1	NAME ORECTOR	111	ADDRESS TO	11. 1.101	17/1/ 17/003	AL Q.C.	111
(VRA 15, 4)	1-	VITINS FUNE	ML UM.	Apel Doc	The bold wid	שואנו וואני	To me de com	~~

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

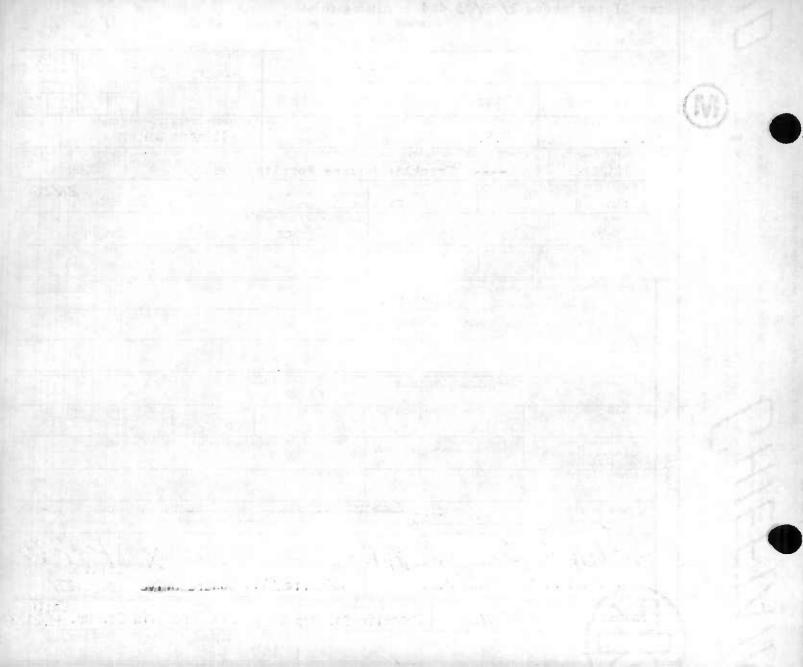


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) STANLEY **SPACEK** DEATH MATED Anton 19 83 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER TYR IE LINDER 24 HRS 2c. DATE 9:41 LAST BIRTHDAY PRONOUNCED Male White Nov. 25 57 DEAD 1983 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR NEVER MARRIED Md. USA WIDOWED DIVORCED Baltimore County USUAL OCCUPATION (TYPE OF WORK IB CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR INDUSTRY 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Auto. Sales Automobile Greater Balto, Medical Center Towson SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balto. No. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Cockeysville 11 Glendoran Ct., 21030 YES NO X DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME 18. GIVE PAGES 1, WITH FORM PM IT. PAGES 1 AND 2, DIVISION OF VITA MIDDLE Charles Bernard Spacek Muperec Rose The WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 21030 (YES, NO. OR UNKNOWN) D. Jane Spacek, 11 Glendoran Ct. 219-10-9178 Yes WW II 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease JAMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES X 71a EXTERNAL CAUSE WAS 2 Th. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE SI. BALTWORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an and in my opinion Undetermined monner death resulted from: Homicide 1-10-83 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Thomas D. Smith. M.D. 111 Penn St., Balto., Md. 21201 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Md. Dulaney Valley Cem Balto. Timonium BP 1256 REGISTRARY SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Martin D. Lawson, 10 W. Padonia Rd., 21093 (VR A15 ME (5)

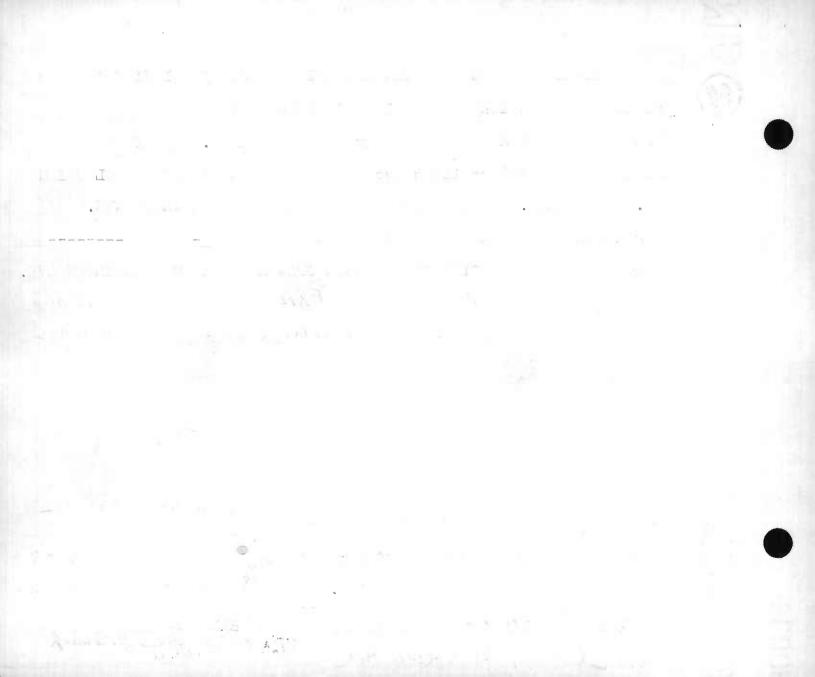
20M 4/82

ello, file Automate Letter to the state of the stat The state of the s تتلفل الماغيات العلمسور مللوز ومان المائمان Santon C. Lawam, 10 v. Suderila Del., 210 aster Francisco

	1.	em 11 per pho: FOR STATE REGISTRAR	ne 1/20/8	DEPARTI	MENT OF H	OF MARYLAN EALTH AND M ICATE OF DE	ENTAL HYGI	REG. NO.		0 5	7 2
ooth sooth		CEASED NAME FIRST CORPRINT)	MIDD	lt.	STACE			January 8		TEAR	11:10
West a moy	3. SE	emale	White		5. DATE C	uary 8,	1983	6. AGE (IN YEARS LAST BIR	THDAY)  IF UP  MONT  YRS.	HS DAYS	FUNDER 24 HRS
11 19		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH.	AT COUNTRY?	8. MARRIEI WIDOWE	DI DIV	ARRIED 🔀	Baltimore city o	R COUNTY OF		
d in by there, the filed with	10. €	Baltimore	11. NAME OF HOS (IF NOT IN SUCH FA	CILITY. GIVE STREET	ADDRESS)	quare I		170. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		26. KIND O NDUSTRY NO r	F BUSINESS C
filled in outd be		AL RESIDENCE (IF NURSING HOME O STATE 130 COU Maryland	ROTHER INSTITUTION, GIVE NTY 136	ERESIDENCE BEFORE CITY OR TOW Baltim	e admission) ore	)		130. STREET ABORESS	eo Stre	eet	21226
mpletely fille and 2 shout	14. E/	Roger	^Dale	Nance		15. MOTHER'S	MAIDEN NAM	Lee	На	ardens	
ond cor		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166	SOCIAL SECU	JRITY NO.	17. INFORMAN	IT	ADDRE	SS		
low requires that the speed signed by the series reserved by the please reserved to burial, creming sony injury, or other	CERTIFICATION	couse (o), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION		TRIBUTING TO	DEATH BUT	NOT RELATED T	35	NAL DISEASE OR CON	DITION GIVEN I	ERE FINDIN	GS USED
9 6 6 9 6 3	ERTIF	71a. ACCIDENT WAS UNDERLYING	7 21b. TIME OF IN	JURY		21c HOW INJ	URY OCCURR	YES NO	YES [		NO 🗆
IG PHYSICIAN: The ottending physicia for this certificate Is the buriol-transit nand Mental Hygierked or Item 18 sho	MEDICAL C	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE  AT WORK A WORK	P.M.	MONTH D.	19	211 LOCATION		CITY OR TO		COUNTY	STATE
4OSPITAL OR ATTENDING ned by the hospital or off FUNERAL DIRECTOR: After ald be detached for use os the the State Dept. of Health a ORFANT: If them 21 is morke		27e.1 certify that (this hosp sow the deceased alive or abave, (f) (we) (did)	n January br) view the body ofte	8.1983	, ar	DEGREE	our) opinion o	, to Janua death accurred on the d  MEDICAL STA DIRECTOR PHYSIG	FF NAN		SIGNED
retoined by the TO FUNERAL should be detroited by the Should be detroited by the Store with the Store IMPORTANT:		Mitchell A.	Krawczyk	M.D.			Frank1	in Square		1d. 21	
BP	23a	BURIAL, CREMATION, REMOVA	1/10/83			n Sq. H	oppita	1 9000 Fra	anklin S	g. Dr	Balto • Md.2
HMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME None		ADDRESS			250. DATE	REC'D. BY REGISTRAR	AL REGISTRAR	SIGNAT	HRELLA



FOR



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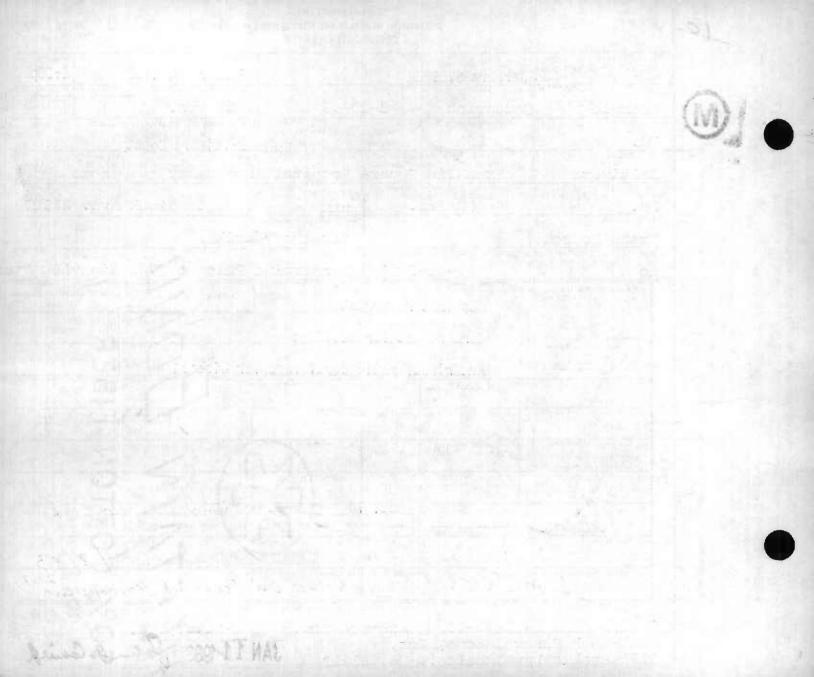
STATE OF MARYLAND	63	-,	-	~	14	103	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	5	U	U	3	1	£
CERTIFICATE OF DEATH							

TIMBE	CEASED NAME FIRS	ī	MIDDLE		LAST	REG. N		AY YEAR	2b. HOUR
TITPE	E OR PRINT)	ry Barbara	STEINER			January 8	. 1983		2:00p
1. SE	x Ma	4 RACE	u STEINER	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	-	IF UNDER I YEAR	IF UNDER 24 HRS
	Eemale	Caucas	ian	2-	20-95 YEAR	87 yrs		ONTHS DAYS	HOURS MIN.
pe B	IRTHPLACE   STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	BALTIMORE CITY OR COUNTY		OFDEATH	
	Md.	U			DIVORCED.	Baltimore Coun		itv	
0 CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING		126. KIND OF BUSINES	
Baltimore USUAL RESIDENCE (IF NURSING HOME OF		Fra	Franklin Squat		e Hospital	Homemaker		Home	9
30 S		ME OR OTHER INSTITUTION COUNTY	130 CITY OR TOWN Balto.		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 5806 Com	stock	Ave.	21206
FA	ATHER'S NAME FIRST	WIDDLE	EAST		15. MOTHER'S MAIDEN NA			LAS	,
	Frank Fouse				Barbara P	etrik			
	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES)	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDR		212	
n	10	17-20-5	681	Bernardin	e Palombo	670T		VIEW AV	
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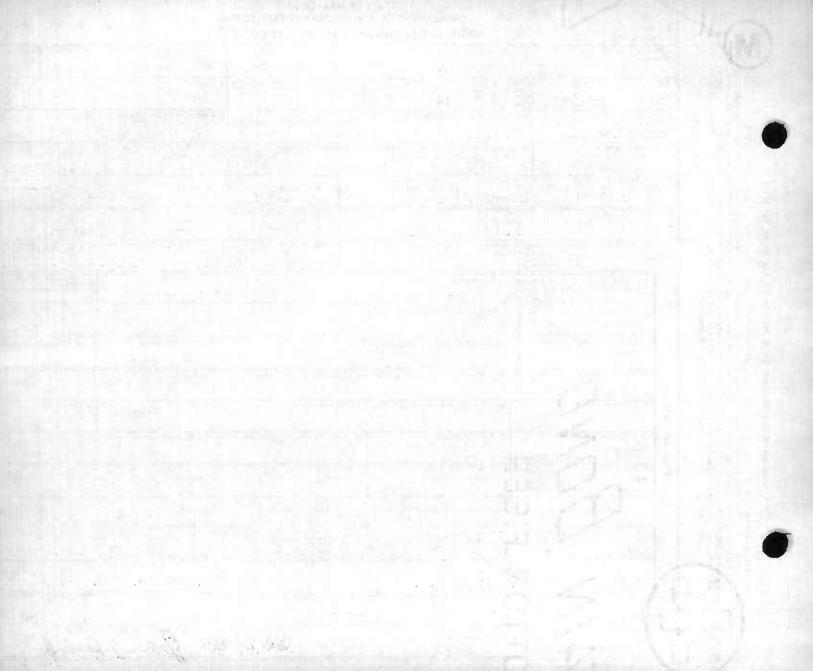
DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

Schimunek Funeral Home, Inc. Brehms Lane, Balto., Md.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO KNOWN X DECEASED NAME 26 HOUR 2a. DATE LITTLE OF PRINTS OF ESTI-M. STOLTZ, Sr. ALBERT 18 1983 7:21 a M 4. RACE 5. DATE OF BIRTH AGE LIN YEARS IF UNDER 1 YR IF UNDER 24 HRS SEX DATE YEAR LAST BIRTHDAY) PRONOUNCED Male White 2 8 34 1983 48 YRS DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH Pennsylvania MARRIED KNEVER MARRIED U.S.A. WIDOWED DIVORCED Baltimore County II. CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Millwright Beth. Steel 2, AND 3 TO 1 3. RETAIN PA SHOULD BE Bethlehem Steel Dispensary Sparrows Pt 21222 13e STREET ADDRESS 13a. STATE 13h COUNTY 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Dundalk NO X 1713 Maryland Inverness Avenue 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Hilda Gerald LAST Stoltz Hartz Mary 166. SOCIAL SECURITY NO. 17. INFORMANT The WAS DECEASED EVER IN U.S. ARMED FORCES? 1719 Prenverness Avenue LYES, NO. OR LINKNOWNI Yes 212-30-5870 Norma J. Stoltz Balto., MD.21222 Korea APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. BURIAL DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n. CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 29 AUTOPSY? DEPARTMENT OF HE YES X NO 🗌 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY TATHOME. III. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, FTC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Autopsy XX 220. I certify that I took charge of the remains described above, held on Inspection and in my apinion Natural causes X Hamicide Undetermined manner death resulted fram: Accident SHOULD SHOULD TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 1-18-83 SIGNATURE EXAMINER'S NAME M. Dixon. M.D. 111 Penn St., Balto., Md. 21201 Ann 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE Baltimore Buria] 1/21/1983 Gardens Of Faith Maryland 24 FUNERAL DIRECTOR Duda-Ruck, ADTINC. **DHMH - 17** (VR A15 ME (5)) 7922 Wise Avenue Dundalk, MD. 20M 4/B2



AR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA:	TAL HYGIENE	S REG. NO.	0 0	j	7	1
AME	FIRST	WIDDLE	EAST	20. DATE OF DE	ATH MONTH	DAY	YEAR	2h HOUF	R
	Dorroh	P	Stone		1	10	83	15	PM
	4. RAC	E	5. DATE OF BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY)	IF UND	ERIYEAR	IF UNDER 2	24 HR5
			MONTH DAY	YEAR	)	MONTHS	DAIS	HOURS	MIN.

REGISTR DECEASED N 3 SEX Male 1900 TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED South Carolina Baltimore County NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Pipe Fitter Dundalk 16 Kinship Road Beth. Steel USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Baltimore Dundalk NO X 16 Kinship Road 4 FATHER'S NAME MIDDLE MIDDLE James D. Stone Virginia В. Greer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 16 Kinship Road LIFYES GIVE WAR OR DATEST Yes 213-09-0621 WW I Betty R. Groves Balto., MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY CARCINOMA OF LUNG MO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOP 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER 21e. PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after deat 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MO PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS

DHMH - 16 50M 1/81

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Burial Duda-Ruck, Inc. (VRA 15, 4) 7922 Wise Avenue, Dundalk, MD

230. BURIAL, CREMATION, REMOVAL

- STATE

1/13/1983

David P. Zajano, M.D.

Oak Lawn

21222

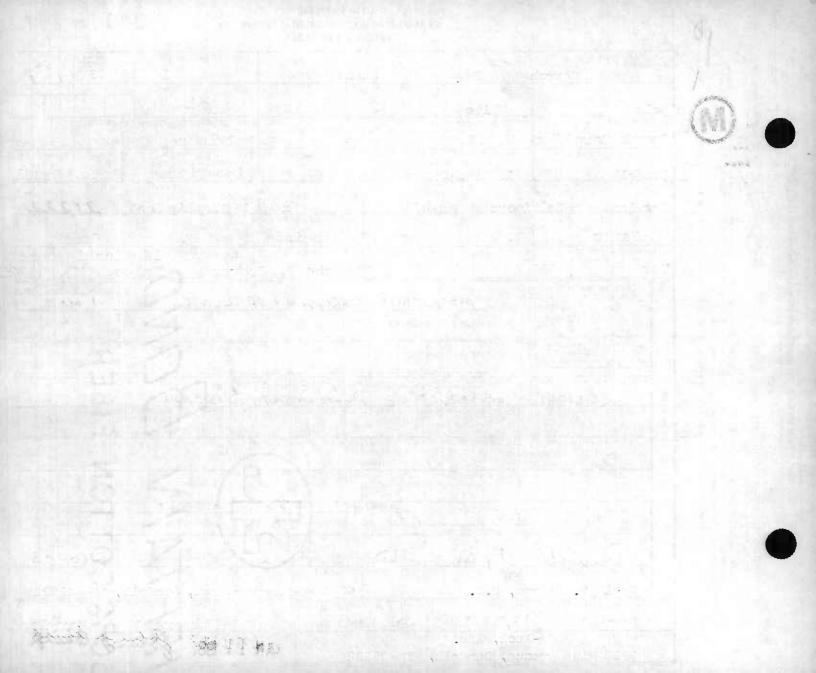
23¢ NAME OF CEMETERY OR CREMATORY

Baltimore

6800 Mornington Road, Dundalk, MD

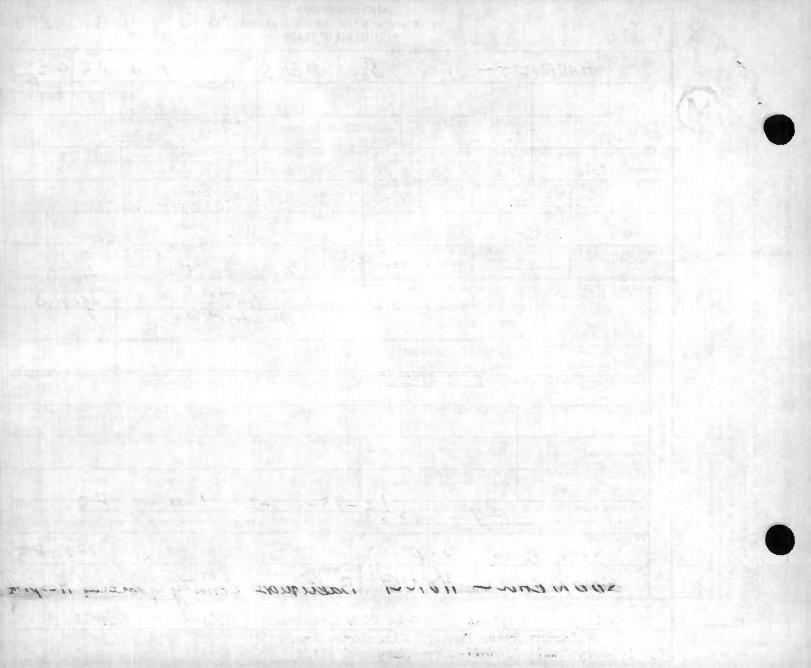
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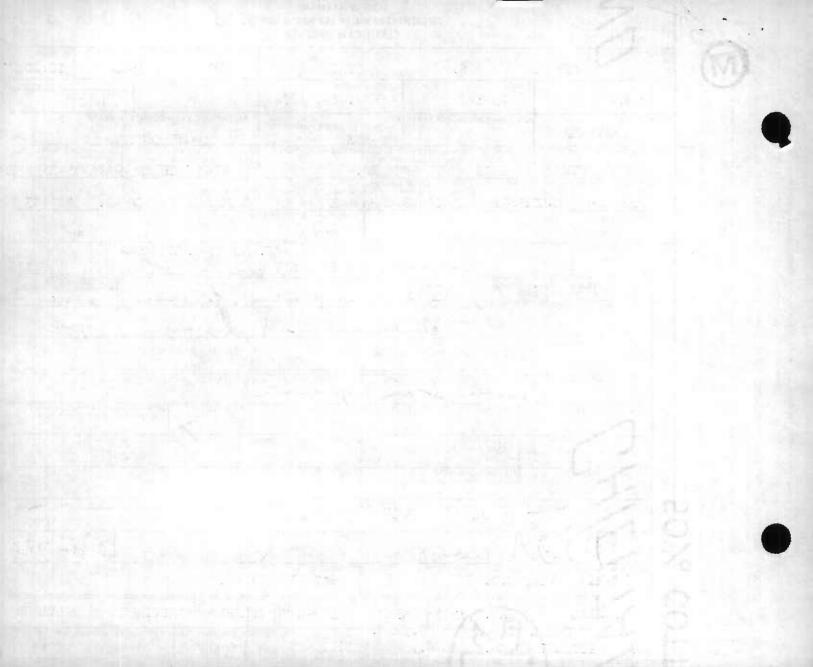


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14	1.	FOR - STATE REGISTRAR		DEPARTM	ENT OF HEAL	FMARYLAND .TH AND MENTAL HYG ATE OF DEATH	ENE 8 3	0	0 5	7
be soft		CEASED NAME HAR		DOLE	3'u	MMERS	2a. DATE OF DEATH	1-4-8	8-3 5	HOUR 450
I may b	3. SE	x	4. RACE		5. DATE OF B	IRTH YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UND		UNDER HES
(M)		Female	White		Sept.	1, 1943	39	YRS.		
heath. Parmeral diin 72 hay		IRTHPLACE (STATE OR FOREIG COUNTRY) CATY Land	U.S.A.		MARRIED C	20 NEVER MARRIED	Baltimore city of Baltimore	County of D	EATH	٨
s offer o		Randalls town	(IF NOT IN SUCH I	FACILITY, GIVE STREET AL	DDRESS)	al Hospital	12g. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemal	F WORKING LIFE) IN	b. KIND OF B DUSTRY	USINESS C
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mpletely ond 2 sh	14 F/	Henry G	ordon t	hor Stra	15.	MOTHER'S MAIDEN NAM	Mary MIDDLE	McL	Dermot	t
n and co	16a \	WAS DECEASED EVER IN U.	S. ARMED FORCES? (ES. GIVE WAR OR DATES)	66 SOCIAL SECUR 218-40-6		informant Walter L. Su	mmers Pike	ss610 McH	denry i	Rd.
been signed by the attending mit. Then please remave carbo prior to burial, cremation, or ready injury, or other troumatic.	ATION	Conditions, if any, whi gave rise to immedia cause (a), stating to underlying cause lo	ch (b) (b) (de he st) DUE TO, OR (c) (c) (ANT CONDITIONS CON	AS A CONSEQUENT AS A CONSEQUEN	NCE OF	T RELATED TO THE TERMI	NAL DISEASE OR CON	20b. IF YES, WER	RE FINDINGS	S USED
he k hos ows	CERTIFICATION		NG 716 TIME OF	A LILLEY	12	L HOW BLUDY OCCUPA	YES NO	IN CERTIFYING YES	1	NO
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t ATTENDING hospital ar at RECTOR: After ed for use as 1 pt. of Health a		220.1 certify that (I) (this saw the deceased ali	hospital) attended the	19		hat in (my) (aur) apinian o	2, to		from the cau	
HOSPITAL OR Ined by the P. FUNERAL DIR Jid be detective the State Design of the State		22d. PHYSICIAN'S NAME	Chal (TYPE OR PRINT)	Hore		ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF^	1-4	-83
TO HOSPITAL retained by the should be det with the State IMPORTANT:		SOON	CHUL	HON	91	Baltimors		Gene	raft	105pi
BP		BURIAL, CREMATION, REMI	1/7/83	La	ke Vier	v Mem. Park	Eldersbi		roll	MD
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. F	UNERAL DIRECTOR LOP	ing Byers F	runeral D	irecto	rs, Inc. 250 DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURI	



9	1	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	0 3 0 0
1		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26. HOUR
1)	1100	ESTEL	LLE S.	TATE	JANUARY 8, 19	83 12:20 A
	3. SE	FEMALE	4. RACE WHITE	5. DATE OF BIRTH  MAR. 16, 1894	6. AGE (IN YEARS LAST BIRTHDAY) 88	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
2	Jar B	IRTHPLACE (STATE OR FOREIGN COUNTRY MARYLAND	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWXOXX DIVORCED	9. BALTIMORE CITY OR COUNTY BALTIMORE COUNTY	
Political	10. C	RANDALLSTOWN	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 3611 RUSTY R	NG HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE CHIEF CLERK	126, KIND OF BUSINESS OF
3	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	PE ADMISSION) VN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 3611 RUSTY ROCK	
) Salin	14. F.	ATHER'S NAME FIRST SOLOMON	MIDDLE SEIDMAN	15. MOTHER'S MAIDEN NA FIRST FRUMA	WIDDLE	ROME
medical		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)   THE YES, (	GIVE WAR OR DATES)	URITY NO. 17. INFORMANT MRS 1-6749 3611 RUSTY	. NORMA D <sup>OOREG</sup> IMMIN ROCK RD. RANDALL	STOWN, MD 2113
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rked ar I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is ma	1		spitol) attended the deceased from on 4-26 19 not) view the body after death.	11-21 - , 19 77 12 , and that in (my) (501) opinion	death accurred on the date and hour	9, that (1) (we) ond from the causes stated
-1: # Bea		22b. SIGNATURE	Dan		MEDICAL STAFF DIRECTOR PHYSICIAN	8 m/98
APORTANI		MARVIN DAV	IS, M.D.	220. ADDRESS 8507 LIBER		U
≤ ▼	1	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	JAN.9,1983	MIKRO KODESH-BETH	ISRAEL BALTIMO	
4/B2	24. F	6010 REISTERS	LÉVINSON & BROS. FOWN RD. BALTOES,		TE REC'D. BY REGISTRAR 250 REGISTR	PAR'S SIGNATURE SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN SET MONTH 26 HOUR (TYPE OR PRINT) WAYNE ESTI-03.0 10 83 HARLES DEATH MATED 2d HOUR 3 SEX 4. RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) YEAR PRONOUNCED 1930 DEAD 3 YRS TO BIRTHPLACE (STATE OR & BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTR DIVORCED WIDOWED 126. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY NONE COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? NO TH 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST WITH FORM PM.
T. PAGES 1 AND S
DIVISION OF VIN SHIELD 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (# YES, GIVE WAR OR DATES A BOUE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line (ar (a), (b), and (c) BETWEEN ONSET AND DEATH ED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY rewinder #TMMEDIATE CAUSE (a) DIVISION OF VITAL RECORDS, 301 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 DTHER SIGNLETCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 161 CERTIFICATION OF HEA 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, FORWARDED TO THE CHIOR: PAGE 3 SHOULD BE UTHE STATE DEPARTMENT OF ND, 21201 PRIOR: O SURIAL, YES 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH PM 19 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE ST BALLMORE, MARYLAND, 213 22a. I certify that I took charge of the remains described above, held an Autapsy and in my apinian CERTIFICA death resulted fram: Accident Suicide Homicide Undetermined manner Natural causes EXAMINER'S NAME (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BELALI 9 1983 DHMH-17 20M 1/73 24. FUNERAL DIRECTOR (VR A15 ME (5))

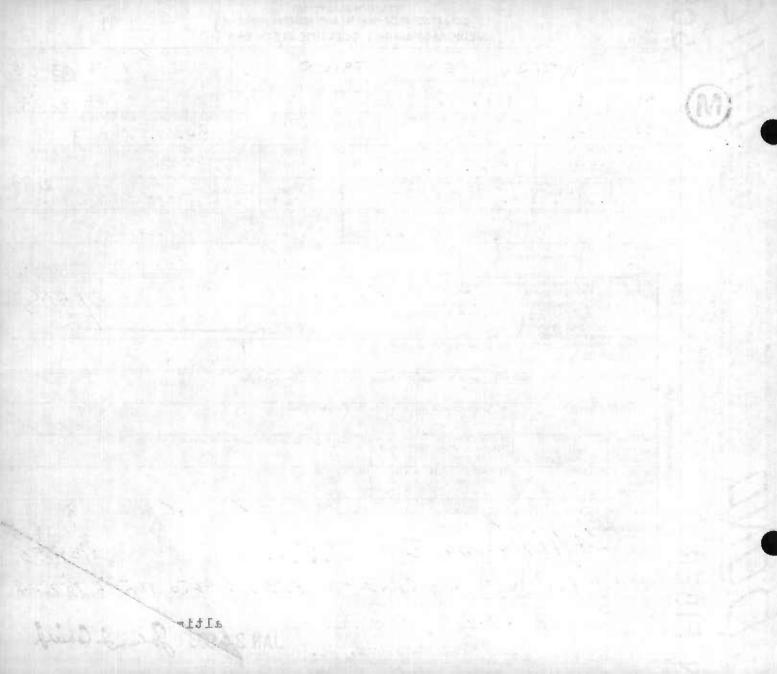
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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OR ATTENDING PHYSICIAN: The low or offending physician.

etained by the hospital TO HOSPITAL

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STATE OF MARYLAND									
DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
CERTIFICATE OF DEATH									

0038

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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Compa 9

1	STATE REGISTRAR	DEPA	CERTIFICATE	OF DEATH	REG. NO	).		
	CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
( I TP	ORPRINT) MARY	Τ.	TERRY		JANUARY	9 19	83	6:38 P. M.
3. SE	X	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRT		DER 1 YEAR	IF UNDER 24 HRS
F	STAME	WHITE	Nov. 21	1893	89	YRS.	DAYS	HOURS MIN.
	IRTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED   NE	VER ALABBIED T	9 BALTIMORE CITY O	R COUNTY OF E	DEATH	
L	IARYLAND !	U.S.A.	WIDOWED	DIVORCED	BALTIN	MRE. Co	TOUC	TY MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST		RINSTITUTION	120. USUAL OCCUPATION		L KIND O	F BUSINESS OR
T	swson	MANORLAR	2 NURSIN	3 Home	0	ME	DOSIKI	
USU 130	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BE		IDE CITY LIMITS?	13e. STREET ADDRESS			
6	10. BA)	LTO. BALTO	). YES	/	4 EURE	LOUR	T a	11236
14. F/	ATHER'S NAME FIRST	MIDDLE LAST	15. MOT	HER'S MAIDEN NAM				
1	-1615	BARTHO	Ims P	PARTHE	MIDDLE		RA	KSR
	VAS DECEASED EVER IN U.S. AR		CURITY NO. 17. INFO	DRMANT	ADDRE	SS	04.	1121
(	YES, NO OR UNKNOWN) (IF YES, GIV	ala 7	49799 F	AM124	RECORD:	5		
NO	PART I. DEATH WAS CAUSE  3 483  Conditions, if any, which gove rise to immediate cause (o), stofing the underlying cause lost  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE	DUENCE OF	es ceptal	Clarest VIII	DITION GIVEN IN	I PART IIo	
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS P	ERFORMED	200 AUTOPSY?	20b. IF YES, WEIN CERTIFYING	RE FINDIN CAUSES	IGS USED OF DEATH?
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	) P.M.	DAY YEAR	× 24	ED (ENTER NATURE OF INJUR		OR PART 2)	
MEC	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFI	CE FARM ETC.)	CATION STREET	CITY OR TOV	WN C	OUNTY	STATE
	22a I certify that (I) (this haspit	- 11 27		(my) (our) apinion d	, to leath occurred on the da			thot (I) (we) lost causes stated
	228. PHYSICIAN'S NAME (TYPE O	RPRINT)	DEGREE 22e AD		MEDICAL STAF DIRECTOR PHYSIC	F	1/1/	SIGNED //83
	HERRY D.	SCAGLIOLA	9	112 BELF	Air ROAD			
23a E	URIAL, CREMATION, REMOVAL	23b. DATE 2	C. NAME OF CEMETERY	OR CREMATORY	23d LOCATION	cou	INTY	STATE
1	BURIAL	JAn.13 1983	CSDAR HI	LLCM.	BALTINO		( )a .	ARYLAND

8800 HARFORD

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled shauld be detached for use as the burial-transit permit. Then please remaye carbon papers, Pages 1 and 2 shauld it with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

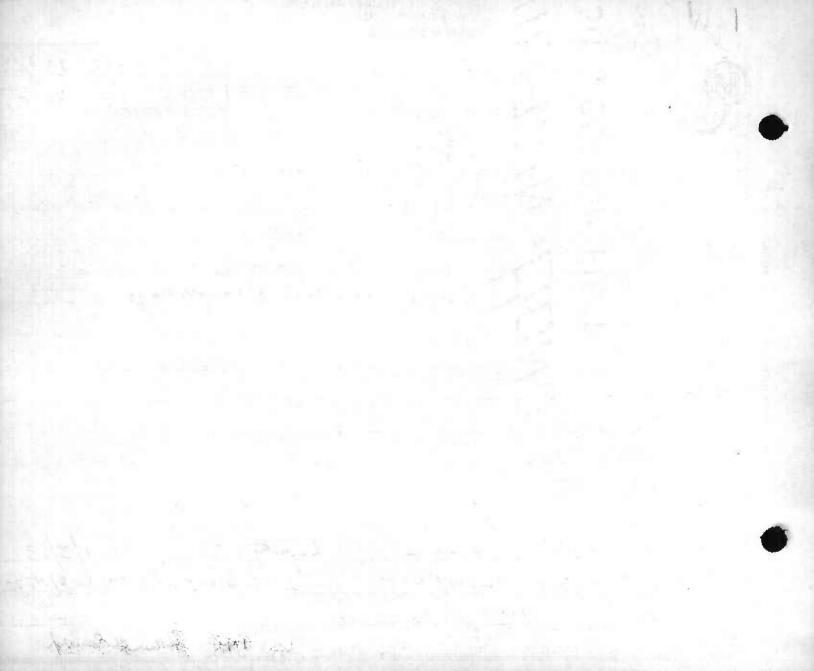
injury, or other troumotic event, this

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

24 FUNERAL DIRECTOR EVANS FU

Constitution of the Consti The state of the s War Charles A Company and the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE KNOWN 3 (TYPE OR PRINT) OF ESTI-Joseph Ε. Thomas, Sr. 4 RACE AGE (IN YEARS | IF UNDER 1 YR HE UNDER 24 HRS 5. DATE OF BIRTH DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED Male White 3 24 23 59 YRS DEAD BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia U.S.A. Baltimore County WIDOWED DIVORCED 5 ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS Wallford Drive Dundalk 3024 Crane Operator Beth. Steel Apt.B USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21222 13n STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland Dundalk 3024 Wallford Dr. Apt.B NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Fred Catherine Thomas Parker DIVISION OF 16n. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO ADDRESS3459 Yorkway (IF YES, GIVE WAR OR DATES Yes 549-34-3053 Joseph E. Thomas, Jr. -Balto. MD. 21222 WW II CAUSE OF DEATH (Enter only one couse per ling far (a), (b), and (c). APPROXIMATE INTERVAL URIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190 DATE OF OPERATION MENT OF HE TO BURIAL, 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f. LOCATION 3 STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY STATE AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STATINORE, MARYLAND, 2 220. I certify that I taak charge af the remains described above, held an Autopsy ond in my apinion death resulted from Hamicide Undetermined manner TITLE (SPECIFY SIGNED EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATOR' 23d. LOCATION Burial COUNTY STATE 1/7/1983 Crownsville Crownsville Maryland 24. FUNERAL DIRECTOR Duda-Ruck, : Inc. 250. DATE REC'D **DHMH-17** 7922 Wise Avenue (VR A15 ME (5) Dundalk, MD. 15M 2/80



injury, or other troumatic event, th

should be detoched for use as the burnal-transit permit. Then please remove corbang with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

IMPORTANT: If Item 21 is

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١	3. SEX	Fenale	4 RACE WH	ITE	S. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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)	(	CATONSVILLE	SHADY	NOOK	NURSING	HOME RJ.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOMEMAKE	OF WORKING LIFE)	12b. KIND O INDUSTRY HOME	F BUSINESS OR
7	13a. S		OTHER INSTITUTION, ITY TIMORE	136 CITY OR CATON	TOWN	13d INSIDE CITY LIMITS? YES NO 🔏	13. STREET ADDRESS 619 MEYE	RS DRIV	В	21228
2	14. FA	THER'S NAME FIRST HENRY	AIDDLE	THO	MEY	15. MOTHER'S MAIDEN NA ELIZABETH	ME	BR	OWN	
		(AS DECEASED EVER IN U.S. AR/ es, no or unknown) (if yes, give	MED FORCES? WAR OR DATES)		B-8321	MR. LESTER	^26 1. BLUM EL		CITY.	
		18. CAUSE OF DEATH. Enter onl PART I. DEATH WAS CAUSE  4 3 D IMMEDIAT  Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.	DUE TO, OF	Card RAS A CONSE RAS A CONSE	O pulso EQUENCE OF	in and the	cest		19 4m	MART INTERVAL  MART INTERVAL  MART INTERVAL  MARTINISET AND DEATH
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	MEDICAL	21d INJURY OCCURRED  WHILE OF WHILE OF AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) (this hospit saw the deceased alive an above, (I) (No) (did) (did not 22b. SIGNATURE	1-4		9 <u>83</u> , on	d that in (my) (ove) opinion DEGREE	, , ,			
		22d. PHYSICIAN'S NAME (TYPE OR David A-	71-	en su	M.D.	22e ADDRESS	DIRECTOR PHYSI	Arbu	1-5	-83 21227 Mal.
		URIAL, CREMATION, REMOVAL	23b. DATE 1/7/8		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	DRE	PUNTY	MD .

DHMH - 16 50M 7/77 (VR A 15 (4))

14. FUNERAL DIRECTO WITZKE P.A.

1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228

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(VRA 15, 4)

STATE OF MARYLAND

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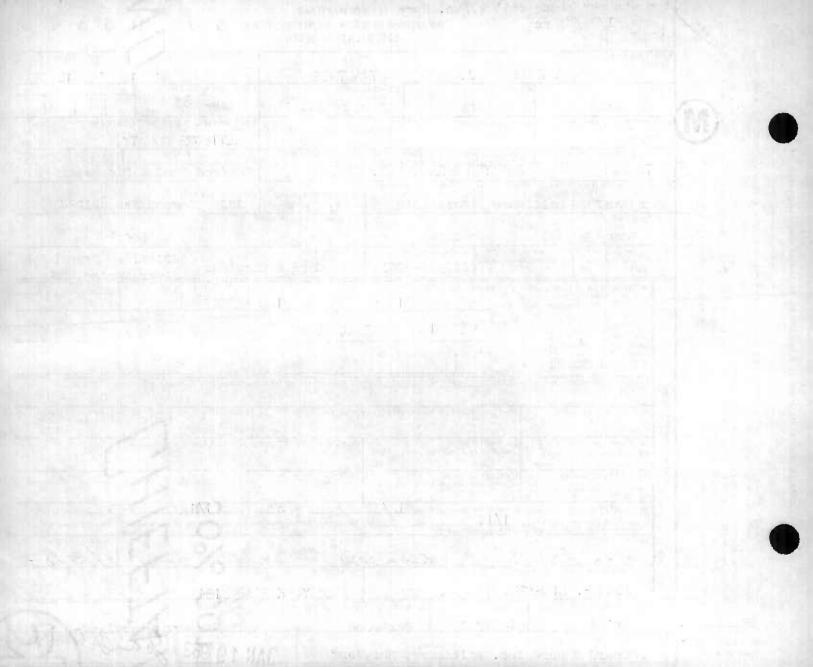
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		CEASED NAME	FIRST	,	MIDDLE	i	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

(VRA 15, 4)

STATE OF MARYLAND

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-		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR
deoth deoth	(TYP)	Paul	G.	Van Natta	0/ /	5 83 9.00 pm
6	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		MALE	WHITE	07 14 60	22 YRS.	MONTHS DAYS HOURS MIN.
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Peled		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR E) INDUSTRY
10		ALTO. COUNTY	HONE	501 Epsom Road	PORTER	FOOD STORE
Per be	130.	STATE IN COU	OTHER INSTITUTION, GIVE RESIDER  INTY  LT:MORE  TOW:	OR TOWN \$134. INSIDE CITY LIMITS?	130. STREET ADDRESS 50 / EPSON	Rd 21204
miner must be	14 FA	ATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN N		LAST
050		JOHN VI	AN NATTA	BARBAN	A SCHEMME	6
medicol	16a V		DIE WAR OR DARKE	AL SECURITY NO. 17. INFORMANT	ADDRESS	
		No	215	824590 Mr. John R	. Van Natta, same	
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s ony	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
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tentol Hyg		210. ACCIDENT WAS UNDERLYING ( OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR 216 HOW INJURY OCCI	URRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
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Ö	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY		CITY OR TOWN	COUNTY STATE
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is marked or flem 18		22a.1 certify that (1) (this hosp	pital) attended the decease			19_6.5 , that (I) (we) lost
21		sow the deceased alive a above, (I) (we) (did) (did n	not) view the body ofter deat	h. 19 63 , and that in (my) (our) opinion	on death occurred on the date and hou	r and from the couses stated
Herr		226. SIGNATURE	11	DEGREE	STATE OF THE PARTY	22c. DATE SIGNED
IMPORTANT: If		9.	Honedo	ATTENDING PHYSICIAN		1/15/83
AA A		224. PHYSICIAN'S NAME (TYPE		22e ADDRESS		
MPORTANT: If Hem		JAVIER	HORNEDO	UMCC 2	25. Greene St	Bal 13. Wd 2120
3 3-	23a. I	BURIAL, CREMATION, REMOVA	L 236. DATE	231. NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	
		(SPECIFY) Burial	1-18-83	Dulaney Valley	Cockeysville	, Maryland
OM 4/82	24 F		11.00		ATE REC'D BY REGISTIN 1256, REGIST	
5, 4)	Ru	ck Towson Fune	ral Home, Ind	1050 York Rd. Pic. Towson, Md. 21204	1 1 300 June	- chancel

STATE OF MARYLAND

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- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

15. MOTHER'S MAIDEN

DIVORCED

REG. NO 20. DATE OF DEATH MONTH

IF UNDER 1 YEAR IF UNDER 24 HRS

2b HOUR

& AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH

12a USUAL OCCUPATION

12b. KIND OF BUSINESS INDUSTRY

MIDDLE

ADDRES 17 INFORMANT

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PUMONARY EMBOLISM DUE TO, OR AS A CONSEQUENCE OF

WIDOWED

DUE TO, OR AS A CONSEQUENCE OF

OCIAL SECURITY NO.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to INFUMONIA

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY

211 LOCATION

CITY OR TOWN

MEDICAL

200 AUTOPSY?

NO 1

YES [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO F

COUNTY STATE

and that in (py) (our) apinion death accurred on the date and haur and from the causes stated abave, (M(we) (did) (did not) view the body after death. DEGREE 22c DATE SIGNED

23c. NAME OF CEMETERY

230. BURIAL, CREMATION, REMOVAL

DIRECTOR PHYSICIAN BALTIMORE COUNTY

GEN.

RANDALLSTOWN MD

(VRA 15, 4)

236 DATE

ATTENDING

DHMH - 16 50M 1/B1

A STATE OF THE STA Barrell Fred Fred Line Control The Hallet Butter attacher to my conference 27/22 Comments

THE PERSON OF TH derest nithmen (neighborsted nittatat hasbeet 3031 Brohms Lane, Barrimore, Md mpletely filled in by the funeral and 2 shauld be filed within 72

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CEKTIF	ICATE OF DEATH		REG. NO.			
	CEASED NAME E OR PRINT)	A B1		MIDDLE	NAL	DMAN.	2a. DATE O		NO HINO	AY YEAR	26. HOUR 7
3. SE	FEMA	LE	4 RACE C	AUCASIAN	5 DATE O	H DAY YEAR	6 AGE (IN	76	_	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	IRTHPLACE (STATE OR I COUNTRY)  ROMANIA  ITY OR TOWN OF DEA	ATH	U 11. NAME OF	WHAT COUNTRY?  S.A.  HOSPITAL, NURSIN HEACILITY, GIVE STREET	WIDOWE IG HOME C	D NEVER MARRIED DE NORCED DOR OTHER INSTITUTION	BAL7	CIMORE  OCCUPATION  RK FOR MOST OF W	COUNT	IY,	ME DF BUSINESS OR
13a. M	ALTEMORE AL RESIDENCE (IF NURS STATE  IARYLAND		BALTIM OTHER INSTITUTION	ORE COUNT	Y GEN	NERAL HOSPITA  13d. INSIDE CITY LIMITS? YES NO XX	HOUS 13e STREET 7200	SEWIFE		APT.	DME B1 21208
16a \	ATHER'S NAME FIRST  AVRUM  WAS DECEASED EVER			ENSTREICH		DEBORAH		MIDDLE		JNKNOWN	j
(	YES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH	H (Enter an	ly ane cause per	213-40-0		EDWARD J. W.	ALDMAN	3907 F	ORDHA		/E 21215
	Canditions, if any, gave rise to imm cause (a), statin underlying cause	which nediate ig the	) b)_	R AS A CONSEQUE	<i></i>	, COP (	)				
CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERA	20a AUTO	OPSY? 20	Ob. IF YES,	WERE FINDIN	GS USED
MEDICAL CER	710. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC  21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	AUSE OF DEA	P., 21e PLACE (	M. MONTH DA M.	19	21c HOW INJURY OCCUR	RRED (ENTER NA	CITY OR TOWN	ITEM 18 PAR	COUNTY	STATE
	220. I certify that (I) sow the decease abave, (I) (we) (d 22b. SIGNATURE)	(this hospited olive on	1/8	19		nd that in (my) (our) apinian	, to	ed on the date	and hour c		
	1900 22d. PHYSICIAN'S NA BICH	AME (TYPE OF	PRINT)	NG-	m,	D ATTENDING PHYSICIAN  22e ADDRESS ROLLIMO	MEDICAL DIRECTOR	PHYSICIAN	X A	1-8	1.83

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Hem 21 is marked ar Hem 18 shaws ony

injury, ar ather traumatic

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
REMOVAL/BURIAL

FOR - STATE

231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OF TOWN
YOUN STOWN COUNTY

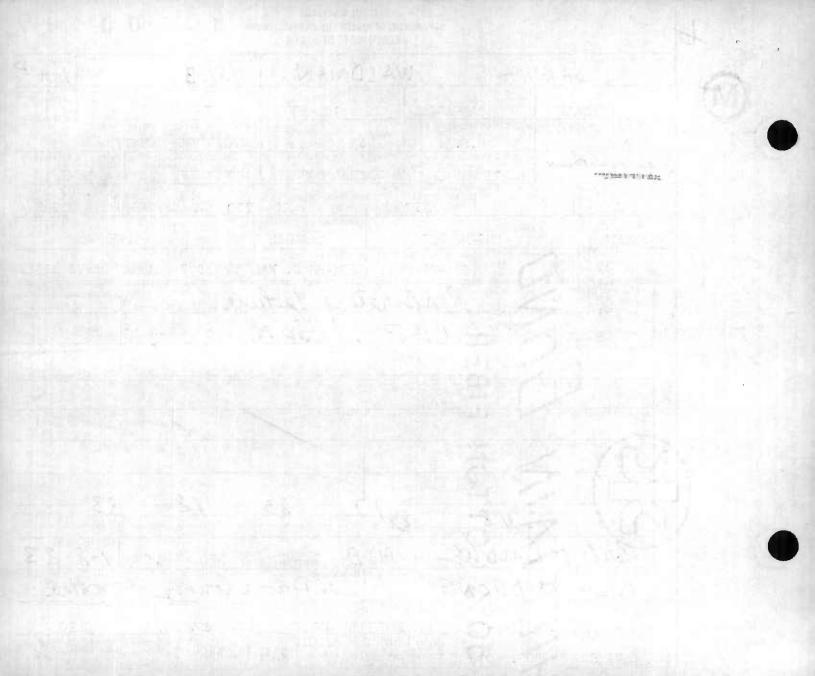
OHIO

COITSVILLE JEWISH
BALTIMORE, MD 2121550 DATE I SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD

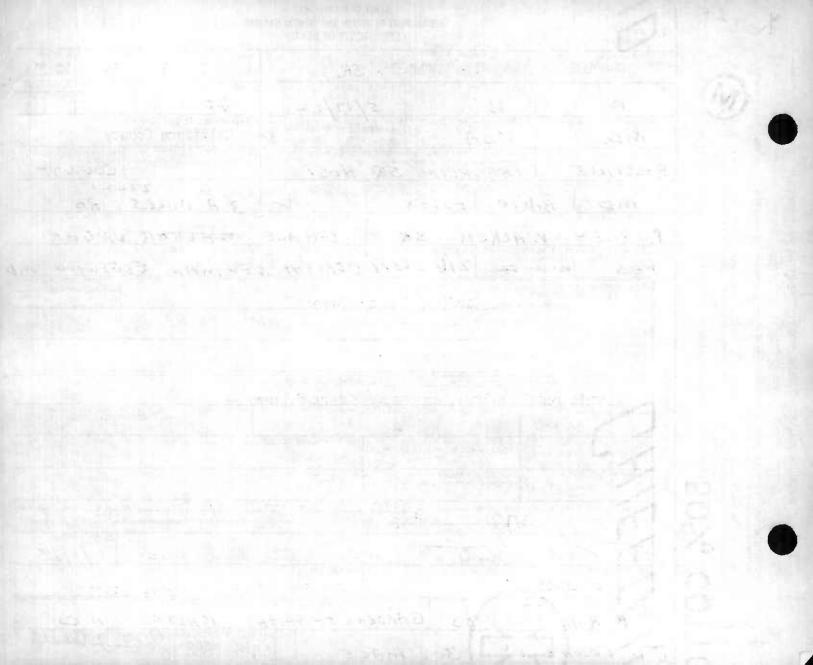
23b. DATE

1-9-83

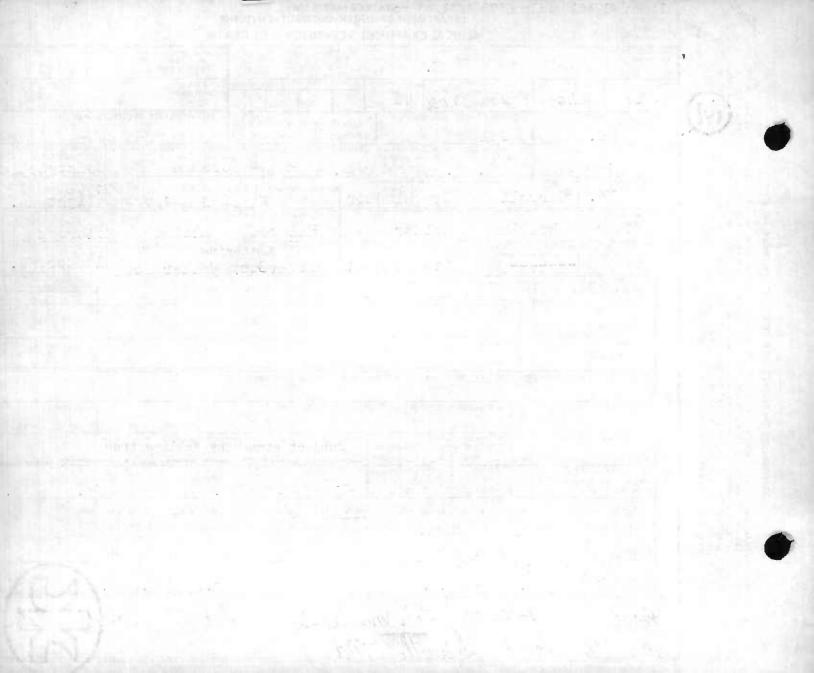
STATE



1 25	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	L HYGIENE 8 3	00600
7 . 9 . 8 .	1. DECEASED NAME FIRST CHARLES	K. WALI	KER SR.	JANUARY 1	1983 12:21a <sub>M</sub>
you (I)	3. SEX	4. RACE	S. DATE OF BIRTH	1.0	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ofter death. Page of within 72 land	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	Baltimore City or COU	NTY OF DEATH
0 4 5 40 1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET FRANKLING	ING HOME OR OTHER INSTITUTION TADDRESS)  SR. HOSP.		NG LIFE) 126. KIND OF BUSINESS OR INDUSTRY
AND 212 AND 212 AND 212 filled in hould be if	mp 6	E OR OTHER INSTITUTION GIVE RESIDENCE BEFO DUNTY 136, CITY OR TO	YES NO	3. A MILL	ZIZZI ES RO
MARYLA ompletely ond 2 sh	PINKNEY	WALKER LAST		CE WALKE	RUNGAR
be execu		ARMED FORCES? 16b. SOCIAL SEC GIVE WAR OR DATES) 216 12		NEWMAN	EDGEWOOD IND
OS, 201 W. PRESTON ST., BA quires that the death certificate signed by the attending physic Then please remove carbon pape to burial, cremotion, or removal injury, or other traumatic event, the	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN	Conly one couse per line for 10), (b), of USED BY:  HATE CAUSE (a) Cardio-PI  DUE TO, OR AS A CONSEQUE (b)  DUE TO, OR AS A CONSEQUE (c)  IT CONDITIONS CONTRIBUTING TO	JIMONARY ARREST.  JENCE OF	. TERMINAL DISEASE OR CONDITION	GIVEN IN PART No
RECOR	Chronic re		gestive heart fa H OPERATION WAS PERFORMED	20n AUTOPSY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL R ING PHYSICIAN: The I r otherding physicion. Wher this certificate has os the buriol-transit pe th and Mental Hygiene orked or frem 18 shows	OR CONTROL TABLE CALLES OF	DEATH HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITE	vi 18, PART 1 OR PART 2)
DIVISION C r offer this cer so the burious the on the burious cer os the burious cer os the burious cer	GRECHITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAM  AT WORK AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	PARM, ETC.)	CITY OR TOWN	COUNTY STATE
HOSPITAL OR ATTENDI ined by the hospital or FUNERAL DIRECTOR: A wild be detoched for use the Store Dept. of Heal ORTANT: if frem 21 is m	saw the deceased alive	pe of PRINT)	DEGREE  ATTEND PHYSICI  120. ADDRESS		22c. DATE SIGNED 1/1/83
D of of the state	230. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATE	ORY 23d. LOCATION	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	7. CONNE	ADDRESS		JAN 6 1983	



1	16	1	FOR	.7&21C Fi	lm G575 :			MARYLAND H AND MEN	TAL HYGIEI	NE S	0	0 6	0	1
1	1 1	) ,	- STATE REGISTRAR		M	EDICAL EX	AMINER'S	CERTIFICA	TE OF DE	ATH RE	G. NO.	9	100	
			DECEASED NAM	FIRST		MIDDLE		LAST		20 DATE KNOW OF ESTI	VN X MON	ITH DAY	YEAR 2	h HOUR
	LEASE CTOR. FILES. OURS IREET,		on thirty	HENRY	1	н.		WALKER		DEATH MATE	D 0 1	21 19		M
	FILES FILES FILES FILES FIREET	3 5		4. RACE	S. DATE OF BIRTH		GE (IN YEARS IF L		JNDER 24 HRS.	2c. DATE PRONOUNCED	MONT	TH DAY	YEAR 2	2d HOUR
	MA	1	Male	White	March	- 30,-6	FO YRS.			DEAD	1		9 83	2р м
	MENT	12	SHRTHPLACE (S			VHAT COUNTRY	MAR	RIED T NEVER		9. BALTIMORE C			ATH	
	A Day	10	EITY OR TOWN	OF DEATH	USA	SCRITAL MILIRCINI	WIDO	WED D	NORCED	Baltimo	re Cou	inty	OF BUSI	MD.
	A HANDE	500		7	(IF NOT IN SUCH	ACILITY, GIVE STREET	ADDRESS)		FOR	MOST OF WORKING HE		OR II	NDUSTRY	
	90239	L Lus	Randall	HE IN NURSING HOME C	OR OTHER INSTITUTION.	Co. Gene	RE ADMISSION)		1, 1,	oreman		Cons	stru	<u>C [10</u>
	T., BALTIMORE, MD. 21201 UDS AFTER DEATH. IF AN IB. GIVE PAGES 1, 2, AND 3 WITH FORM PM 3, AETA IIT. PAGES 1, AND 2, SHOUNSION OF WITH RECORD.	Z 13a	CTATE	d. Car	roll	New V	Vindsor	13d. INSIDE CITY LI			pers	21776 Delia	6 ght 1	Rd.
	H. H.	/ 14.	FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	E MIDDLE		LAS		
	DEATH.		Arthu	r Me	l Vin	Walke	er	Milo	dred	Elain	e	Holbr		
	PAGORA ONO ONO	1 160	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMAN	"Kather	rine ADI	DRESS			
	S AFTER DEATH. IF GIVE PAGES 1, 2, ITH FORM PM 3, PAGES I AND 2 S IVISION OF VITAL	-	No			214	34 4441	Mary.	(Bute)	Walker	New	Winds	sor,	Md.
	DURS AF DURS AF 18. GIVE S WITH I	7	18 CAUSE C	F DEATH (Enter on ATH WAS CAUSE	DOV								ROXIMATE IN EN ONSET AI	
	ONS SERVICENTE A HOUSE ON SIENE		91	4	TE CAUSE (a)	Thoracio								
	ALL SIT IN		Condition	ns, if any, which		R AS A CONSEQ	UENCE OF							
	WITH NCILL NAME NINE NAME NAME NAME NAME NAME NAME NAME NA		gave ri	se to immediate	(b)	R AS A CONSEQ	LIENICE OF							
	201 W. PRESTON ST., UTED WITHIN 24 HOUR IN FENCIL IN ITEM 18. EXAMINER ALONG W ALL TRANSIT PERMIT. O MENTAL HYGIENE, DN, OR REMOVAL.		lying cau		(c)	K AS A CONSEG	UENCE OF					-2		
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,  NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR CATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18.  FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W.  FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W.  FOR PAGE 3 SHOULD BE USED A.S. A BURIAL-TRANSIT PERMIT.  THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE,  DAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	1,		GNIFICANT CONDITIONS		N BUT NOT RELATED TO	THE TERMINAL DISE	ISE OR CONDITION GIV	EN IN PART 1 (a).					
	MED BE AS AS CRE	7	19n DATE OF	OPERATION	Ties CONI	NTION FOR WHI	CH OPERATION	WAS PERFORMED	D3			[20 A11	TOPSY?	
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6.00	S CERTIFICATE SHOU RITING THE WORD." REDED TO THE CHIEF ES 3 SHOULD BE USE TE DEPARTMENT OF I	- 3	21a. EXTERNA	L CAUSE WAS	21b. TIME (	OF INJURY	21c. I	HOW INJURY OC	CURRED (ENTER	by falli	TEM 18 PART I O		S LAV	NO []
	CETTFICATE TING THE WORD TO THE DEPARTMENT TO REPORT TO THE DEPARTMENT TO	1		S X OR NG CAUSE OF I	DEATH 1 - 15P.	M. MONTH DA	Y YEAR			by falli			late on	him
	FERTIII NG THE STATE OF THE STA		21d INJURY	CCHOOSE	21e PLACE	OF INJURY (A	HOME, 211 L	OCATION STREET	erring C				400	
	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEATH, WITHATHE STATE DEF BATTIMORE, MARYLAND, 21201 PR	7	AT WORK	NOT WHILE C	STREET, FA	ctory, farm, etc.] utside c	of 3	311 Wind	sor Blv	city or town	В	Balto.		Md.
	ATE, TI	1		fy that I laak charg	ge af the remains d	escribed abave, h	eld an Auto	psy X, In:	spection .	Inquiry .	and in my	y apinian		
	NA PER	1	death result	ed from: Natur	ral causes .	Accident X	. Suicide	, Hamicide	Unde	etermined manner				
	EXA DID DIR WIR		ACTUAL	hi	0:	1		TITLE (SPEC			D.4	TE		
	KAIH, ATH, ASE, ASE, ASE, ASE, ASE, ASE, ASE, ASE	-	SIGNATURE	AV	VM			M.D. <u>Assi</u>	stantme	DICAL EXAMINER	DA SIG	GNED 1-2	22-83	
	AEDIC UNE IMO	21-	EXAMINER'S	NAME Ann	M. Dixon	. M.D.		11	1 Penn	St., Bal	to M	ld 213	201	
	PAGI PAGI BATTE	73	RURIAL CREMA	TION, REMOVAL 2		The second second	E OF CEMETERY	OR CREMATORY	1734.1	OGATION			-01	
	BP		Burgo.		1-25-8		L. Visio	Comition	Cri	Betrow11.	CA	DAH1	51/	nd.
	DHMH - 17	2	FUNERAL DIREC	TOR \	ADDRE	01	0	2/4	DATE REC'D. E	PAREGISTRAR 250	ISTRAR	'S SIGNATUR	RE	
	(VR A15 ME (5))		Harry	W. Ho	ught >	Syposell	1/1/	1.	JAN 2	4 1983	Jan	-2. Co	hick	2



1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228

(VRA 15. 4)

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VIII 10000	Yearan	5 MAJED		2/2/5	JASHUS V

THE REMEMBERS AND REPORT OF THE STANFALLE H. JAN 3 T 1980 & Canada

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG NO XC 14 212 REGISTRAR 1. DECEASED NAME 2h HOUR LITYPE OR PRINTS ROBERT ARTHUR WALLACE JANUARY 2, 1983 4:00 am 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH MALE BLACK JUNE 29. 1927 BIRTHPLACE LISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND BALTIMORE COUNTY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFEL INDUSTRY V.A. MEDICAL CENTER FORT HOWARD TRUCK DRIVER OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS Apt 602 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 501 Dolphin Street 21217 14 FATHER'S NAME MIDDLE VIOLA FAIRFIELD WALLACE JENNIFER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT PEAR! A. Chat MON 501 Dolphin St. Aption LYES NO OR UNKNOWN HEYES GIVE WAR OR DATES WW II 220 20 4836 CLIN. RECDS. VAMC. FORT HOWARD. MARYLAND 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: LUNG CANCER 14 MONTHS IMMEDIATE CAUSE IQ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse lai, stating the DUE TO OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOP 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME STREET FACTORY OFFICE, FARM ETC ) COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that \* (this haspital) attended the deceased from 83 saw the deceased alive on 1/2 above. (we) (did) (did we) view the body after death. and that in ( cur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNAT DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 1/2/83 PHYSICIAN DIRECTOR PHYSICIAN TO 22e ADDRESS

V.A. MEDICAL CENTER, FORT HOWARD, MARYLAND

DHMH - 16 50M 1/81

MPORTANT

H. LIN, M.D.

236. DATE

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3. SEX	CEASED NAME FIRST Regina		MIDDLE Wa	lshe	AST	REG. N	MONTH DA		2b H
3. SEX	Regina	M	. Wa	Ishe		7			
	v					January 6	, 1983		6
1	^	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	FUNDER 1 YEAR	IF UNI
	Female	White		MONTH	19,1889 YEAR	93		ONTHS! DAYS	HOUR
7a BIE	RTHPLACE (STATE OR FOREIGN	25 CITIZENI OE	WHAT COUNTRY?	Bulg	13,1003	9. BALTIMORE CITY O	YRS.	DEDEATH	
	OUNTRY)			MARRIE	D NEVER MARRIED		_		
	Maryland	U.S.A		WIDOWE		Baltimor			
10. CII	TY OR TOWN OF DEATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET.		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND O	F BUS
	Towson		y View Nu		T Home	Housewife			
USUA 13a S	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					
1000			13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES NO TO	13e. STREET ADDRESS		212	01
	Md. Bal	timore	Ruxton		15. MOTHER'S MAIDEN NA	21 Ruxvie	v Court	212	04
110	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAS	T
	Harry		Laupp		Elizabe			oldsex	Xg
	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
1.	No	SIVE WAR OR DATES!	219-22-0	488	Mrs Elizabet	h L Selia	2.7	Ruxvie	w (
z	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	( (c)_	ONTRIBUTING TO S		NOT RELATED TO THE TERM	INAL DISEASE OR CON	NDITION GIVE	N IN PART 10	0
2	Parknes			0.050.710		Tan AUXORGAN	Tool HE VEC	WERE EINER	100.
CERTIFICATION	19a DATE OF OPERATION	196 COND	IIION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY? YES □ NO ☑		WERE FINDING CAUSES	
ä	21a. ACCIDENT WAS UNDERLYING		OF INJURY M. MONTH DA	AV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INS	URY IN ITEM 18 PAR	RT I OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF D	CAIN	.M. MOITH D	19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION				_
¥	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	DWH	COUNTY	
	22a I certify that (I) (this has					_, to le james			thot (
	sow the deceased alive of above, (1) (we) (aid) (did		iary 19 i	82.0	nd that in (my) (our) opinion	death accurred on the c	dote and hour	ond from the	couse
	22b. SIGNATURE	nor) viewone body	oner peom.		DEGREE			22c DATE	SIGN
	1 0 1	Banca	6 m &		ATTENDING PHYSICIAN	MEDICAL STA		7 /0	u 1
	John N	1 Various							
	224. PHYSICIAN'S NAME (TYPE	E OR PRINT)	1		22e. ADDRESS			V	
	22d. PHYSICIAN'S NAME (TYPE	A Marin	1 = 1	Til	22e. ADDRESS 1652 E. Belv	vedere Aven	ue Balt	V	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

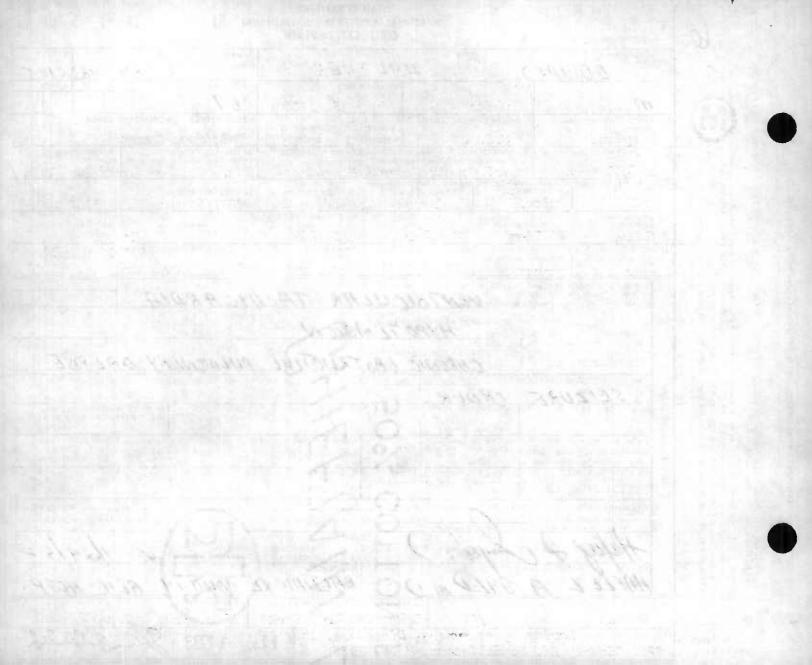
24 FUNERAL DIRECTOR

Leonard J. Ruck Inc. Baltimore, Maryland

CROTT HALL TO MAKE TO MAKE THE TANK THE THE REAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE PAR

(VRA 15, 4)

STATE OF MARYLAND



Balto. MD

21212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR - STATE

(VRA 15, 4)

4905 York Road

TO SET IT A LOUIS NOT A SET IN THE SET IN TH

White Care Care Care

Lin on County Cocay syills and Masonia Home

Homemusan Long

Varieties and the state of the

James T. Barnett Mark Market M.

10 May 20 Mar . Fernand Fire, 110., Moretted

The state of the said

Eurid 11. Junio 20. Linu 11. Junio 20. Linu 20.

120	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	ENE 8 3	0	0 6	0 /
- 829		CEASED NAME FIR	ST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
0 4 9	(TYP)	OR PRINTS	N Hamila	4	4	VATTE	JA	11. 12	1903	91220
	3. SE	× ×	4 RACE	LOTE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
A)	1	Nale.	White		MONTH			MOM	VIHS DAYS	HOURS MIN
2	70 B	RTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	8	V	9 BALTIMORE CITY (	OR COUNTY OF	FDEATH	
10 July	Na	v York	1154		MARRIE		0 .			
P	10 C	TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	12ª USUAL OCCUPAT	ounty		BUSINESS OR
£/10	- 5	Ruxton	IF NOT IN SUC	Belle Ave	DDRESS)	100	MLO. Retir	OF WORKING LIFE)	INDUSTRY	, ,
Pe	์ ปรบ.	AL RESIDENCE (IF NURSING HO	DAE OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)		10	red	Lead 1	product
35	A.		COUNTY	13c CITY OR TOWN	1	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			21142
Der		THER'S NAME	altimore	Luthervi	He	YES NO	103 Green	ridge (	ourt o	11073
E-2/1	-	FIRST ///	MIDDLE	ŁAST		FIRST	MIDDLE		LAST	
9 .		earge Watts	S ARMED FORCES?	16b SOCIAL SECUR	NITY NO	Katherine II	ickson	FSS		
medic	()		ES. GIVE WAR OR DATES)	064-07-		C 11 111		-	, ,	
ne u	- 1	18 CAUSE OF DEATH (En				Carmella Wa	tts 103 9	preenric		ATE INTERVAL NSET AND DEATH
ury, or other tro	7	Canditions, if any, whi gove rise to immedia cause (a), stating t underlying cause la	DUE TO, OI	CANCER SESSE	AF 45	TO THE CHIL	PHARYNX V I NECK NAL DISEASE OR CON			
ony in	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH (	OPERATIO!	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	VERE FINDING	GS USED OF DEATH?
of -	ERTI	21g. ACCIDENT WAS UNDERLYIN	4G	F INTURY		123 11034 1144 114	YES NO	YES [	_	NO 🗌
Hem 18		OR CONTRIBUTING CAUSE	OF DEATH HOUR A.		YEAR	21c. HOW INJURY OCCURR	D (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	1 OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICALEX)	21e PLACE C		19	21f. LOCATION				
L Ked	ME	WHILE NOT WHILE E		EET, FACTORY OFFICE, FA	RM, ETC )	STREET	CITY OR TO	NWN	COUNTY	STATE
s mo		22a. I certify that (I) (this	hospital) attended the	e deceased fram		7 19 83	_ to JAN	/3 19.	83 , th	nat (1) (we) last
21		sow the deceased ali above, (1) (we) (did) (c	did not view the body	ofter death	3_, an	d that in (my) (aur) opinian d	eoth accurred an the d	ote and haur ar	nd from the co	ouses stated
		22b. SIGNATURE				DEGREE			22c. DATE S	IGNED
#e #				200	. 00	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FF CIAN [	1/1	2/82
T. If Item		I.m. Jus	mann	/ ///						
STANT: If Hem		I.M. Jus 22d. PHYSICIAN SNAME	TYPE OR PRINT)	1 ///		22e ADDRESS				1/0)
PORTANT: If them		I.M. Jus 22d. PHYSICIAN SNAME	TUMANO	y, M.	D.		Haspital			17.05
IMPORTANT: If Item	23a B	L. M. J	UMANO	/ / /	D.	Church Home	23d LOCATION			
IMPORTANT: If Hem	23a B	URIAL, CREMATION, REMO	DVAL 236 DATE	23c. N.		Church Home	238 LOCATION	milla h	OUNTY	STATE
	(	L. M. J	DVAL 236 DATE	23c. N.	D.  AME OF CI	Church Home	23d LOCATION CITY OF TOWN  REC'D BY PEGIGINAL	oille h	OUNTY	STATE



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH 1. DECEASED NAME LAST 76 HOUR ITYPE OR PRINTS January 13, 1983 Margaret Wegena 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH Female Caucasian Dec. 15. 1893 O BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Baltimore County U.S.A. DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Home Maker Towson Dulaney Towson Nursing Center

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Wood Lawn 5800 Gwynn Oak Avenue Maryland NO M 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Pranke Wegeng Helen Auaust17. INFORMANT MYS. Virginia DWESS Callahan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 5800 Gwynn Oak Avenue Balto. MD. 220-36-8211A 21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO G TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FORWHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOT NO T 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (I) (this haspital) perended the deceased from saw the deceased alive an and that in (my) apinian death occurred on the date and hour and from the causes stated abave, (1) ( Idad) (did not) view the body attel death 226 SIGNATURE DEGREE PHYSICIAN DIRECTOR PHYSICIAN 224 ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRINT) Earl Chambers 100 W. Cold Spring Lane 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL Jan. 17, 83 Woodlawn Cemetery Baltimore Mary land

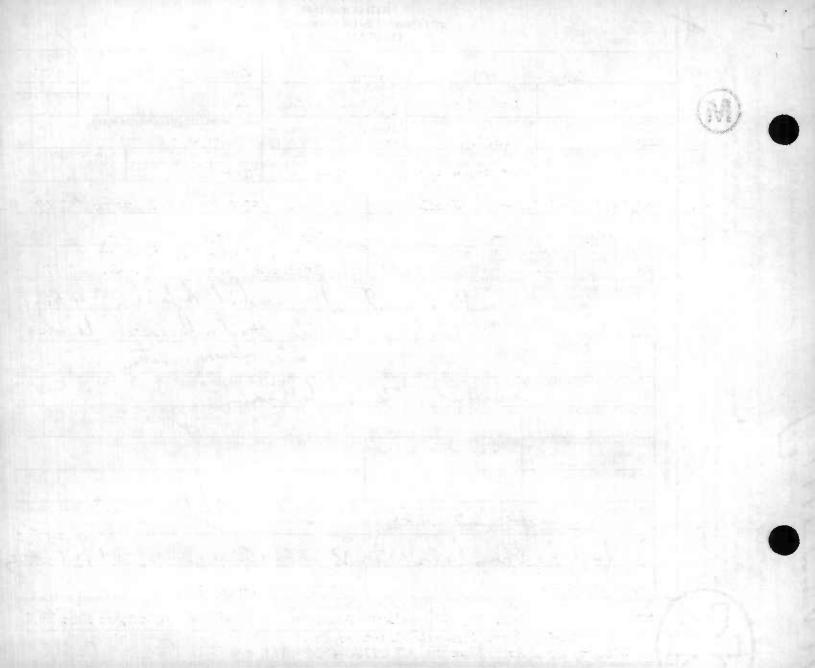
DHMH - 16 50M 4/B2 (VRA 15, 4)

Burral

14 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, MD 21133-4784

Woodlawn



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## FOR 1 - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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REGISTRAR		CERTII	FICALE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT) Helen	Irene Wehland		LAST	January 4, 19	83 YEAR 26. HOUR 3 5 M
Female Female	White	Dec.		6. AGE (IN YEARS LAST BIRTHDAY) 82	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS MOURS MIN.
Maryland	76 CITIZEN OF WHAT COUN	MARRIE	D L NEVER MARRIED L	Baltimore County Baltimore County	
Catonsville	Summit Con Nur			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE HOUSEWIIE	12b. KIND OF BUSINESS OR
SUAL RESIDENCE (IF NURSING HOME 13a. STATE Maryland Howe	ROTHER INSTITUTION GIVE RESIDENCE NTY 2rd   136 CITY OR ELKT16	IOWN	13d. INSIDE CITY LIMITS? YES NO	248 Montgomery	Road 2/227
14 FATHER'S NAME late	Schroe!	'n	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
160 WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL IVE WAR OR DATES)	SECURITY NO.	Mrs Helen Tyle	ADDRESS er 5201 Ilchest	er Rd 21043
Canditians, if any, which gave rise to immediate couse (a), stoting the underlying couse last.  PART 2. OTHER SIGNIFICANT  During the country of the country		SEQUENCE OF		NAL DISEASE OR CONDITION GIV	
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \( \text{D} \)
21a, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P,M, 21s. PLACE OF INJURY	19	21f. LOCATION	ED (ENTER NATURE OF INJURY IN ITEM 18 F	
WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hosp	(AT HOME STREET, FACTORY, Or		STREET 19 7 C	CITY OR TOWN	COUNTY STATE
saw the deceased alive or		19 7 7 0	nd that in (my) (our) apinian de	eath accurred an the date and hou	r and fram the causes stated
Curi	aun 1	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED / 73
22d. PHYSICIAN'S NAME (TYPE	DR PRINT)	テル・テル・	220 ADDRESS  Juni	Nais; 1de	ne · Cotinul
23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Jan 7, 1983		hepherd,	Ellicott Coty	Maryland STATE

Harry H Witzke 4112 Columbia Ratilicott City

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending

IMPORTANT: If hem 21 is morked or hem 18 straws ony

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## STATE OF MARYLAND

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(III COKT	(IIII)	Josep	h		Weipe	rt				1	7	83	12	PM
3. SEX			4 RACE		S. DATE C			6 AGE	IN YEARS LAST	BIRTHDAY)	-	NDER 1 YEAR	IF UNDE	R 24 HR5
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Je BIRTHI	PLACE ISTATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	8		MARRIED X	9 BALT	MORE CITY	OR COU	NTY OF	DEATH	alti	mor
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	R TOWN OF DEA	ATH		HOSPITAL, NURSIN					AL OCCUP			2b. KIND C	-	MD.
Cat	onsville			H FACILITY, GIVE STREET				(TYPE OF	WORK FOR MOS	ST OF WORKIN	G LIFE)	NDUSTRY		200 0
				Bryant Ni		Cent	er		None	9		None	3	
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14 FATHE	R'S NAME FIRST		NDDLE			IS MOTHE	R'S MAIDEN N	AME						
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16a WAS	DECEASED EVER			166 SOCIAL SECU	RITY NO	17 INFORA		тта г		DRESS				
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CERTIFICATION 150	DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERI	ORMED	20a A	UTOPSY?			ERE FINDI G CAUSES ]		TH?
21a.	ACCIDENT WAS UN		216 TIME O		>====	21c. HOW	INJURY OCCU	RRED (ENTE	R NATURE OF I	NJURY IN ITEM	1B, PART 1	OR PART 2)		
₹ OR	CONTRIBUTING		HOUR A.		AY YEAR									
	INJURY OCCUR		21e PLACE		19	211 LOCA	ION				_			
	HILE NOT W	ORK -	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREI	ŧτ		CITY OR	TOWN	(	COUNTY	S	TATE
22a	I certify that (I)	(this hospit	ol) ottended th	e deceased from_				, to			, 19_		that (I) (	we) last
	sow the deceos above, (I) (we) (	ed olive on	) view the hady	ofter death	, or	nd that in (m	y) (aur) opinio	n deoth occ	urred on the	date and	hour one	d from the	couses st	oted
22b.	SIGNATURE	510) (010 1101	THEW THE DOOR	Offer Geoffi.		DEGREE						22c. DATE	SIGNED	
	Em	mal	nelve	2 4200	eun	w	ATTENDING PHYSICIAN	MEDIC DIRECT	AL S	TAFF SICIAN &	1	JAN	,7	83
22d	PHYSICIAN'S N.	AME (TYPE OR	PRINT)		0	22e ADDR	ESS			SP	hinn	Grov	10.	Λ
1	=MMA	- Mc	IVER	2 NOOT	7 111	7	BLAN	D BA	ANT		5/8	teli	lospi.	tel
23a. BURIA (SPECIF	AL, CREMATION,	REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY O	RCREMATORY	C	OCATION ITY OR TOWN		COU	NTY	ST	ATE
	Crema	ation	Jan 1	0. 82 G	reen	mount	Com	Ba	ltim	ore.	Ma	rvla	nd	

DHMH-16 20M (VRA 15, 4) 7/78

BP.

should be detached for use as the buriol-transit permit. Then piease removes with the State Dept. of Health and Mental Hygiene prior to buriol, cremation,

morked or Item 18 shows on

MPORTANT # He

24 FUNERAL DIRECTOR Funeral Homes, Inc. ADDRESS

7110 Belair Road

Baltimore, Md.



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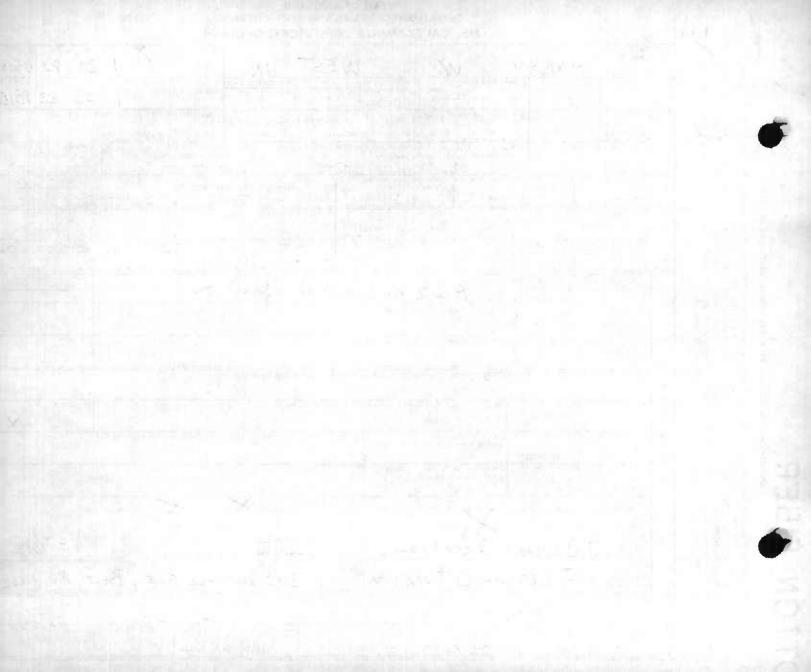
5	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3	0612
		CEASED NAME FIRST	WIDDLE	LAST	26. DATE OF DEATH MONTH DA	YEAR ZE HOUR
* 60 p	,,,,,	Mabel	Mary	WELLEIN	January 17, 198	3 2:10pm
	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
- (M)		'emale	Cauc.	6 6 1920		
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	
BANG BE		ltimore	USA	WIDOWED DIVORCED	Baltimore County	
Total and	Ba	ltimore	Franklin South	re Hospital	126. USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WORKING LIFE)  Housewife	126. KIND OF BUSINESS OR INDUSTRY  Own Home
hin 24 hour ly filled in should be lefmust be	M	d.	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR  JNTY  136. CITY OR TOV  Baltima	E ADMISSION) 13d. INSIDE CITY LIMITS? YESX NO	130. STREET ADDRESS 124 N. East At	ve. 21224
makering ompletely ond 2 sh	C	ther's NAME harles	F. Schro	is. Mother's Maiden NA Neder Mary	M •	Schamberger
MORE,		VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES!	10010.		dalk, Md 2122
f., BALTIM infcote be e physicion o npopers. Po movol.		VES. NO OR UNKNOWN) (IF YES, C	216-12-	-2482 Paul H. W	ellein 1952 Sto	anhope Rd.  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retending physician.  Wher this certificate has been signed by the ortending physician and completely filled in the ost the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be like this and Mental Hygiene prior to buriol, cremation, or removal.  orked or from 18 shows any injury, or other traumatic event, the medical axamine finust being a strong and a strong permits.	NOI	Conditions, if ony, which gove rise to immediate cause lot, stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQU	ENCE OF  DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
VITAL RECON  N: The low re rysicion.  ricote hos beer ronsit permit. Hygiene prior  18 shows ony i	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO X YES	
PHYSICIAN: The ending physicion this certificate has buriol-tronsit ad Mentol Hygies do them 18 sho		216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH D	AY YEAR  19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT I OR PART 2)
DING PHYSICI) or oftending p After this cert is as the buriol- olith and mento marked or frem	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEND ospitol o ECTOR: A d for use it, of Heo m 21 is m		sow the deceased alive of above, (1Xwe) (did) (dX) 77b. SIGHAT IRE	pitol) attended the deceased from January 17	B3, and that in (张) (our) opinion  DEGREE  ATTENDING PHYSICIAN	to January 17 III death accurred an the date and haur	9_83 that XI (we) last and from the couses stated
TO HOSPITAL OR related by the high or TO FUNERAL DIRESTON with the State Deprivative high or the state of the		Jahangir Kha		220. ADDRESS 9000 Frankl	in Square Dr. Bal	to., MD 21237
BP		BUTIAL CREMATION, REMOVA	1-20-1983 Ho	NAME OF CEMETERY OR CREMATORY  Oly Redeemer Cem		COUNTY STATE Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)		NAME	ADDRESS	21224	4 04000	I Could

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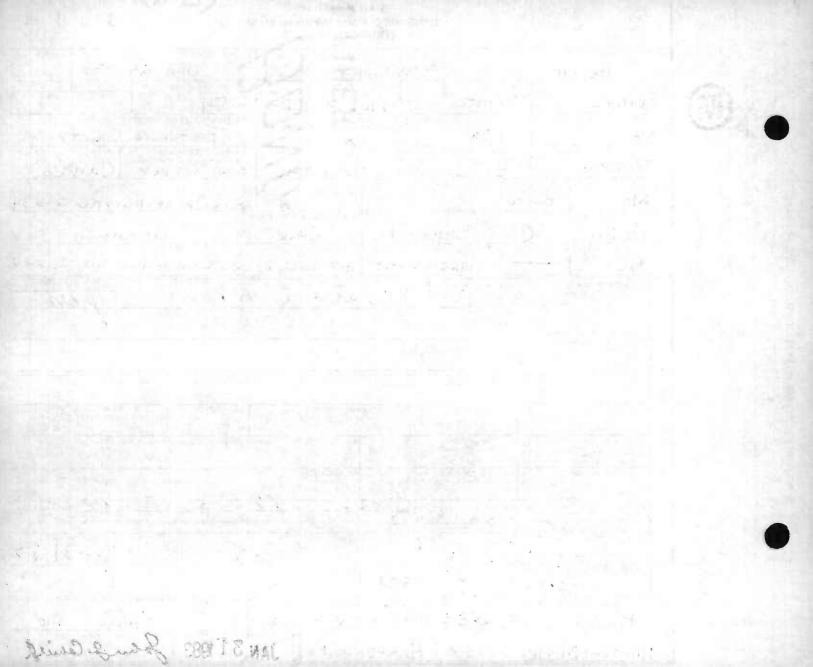
DEPARTMENT OF HEALTH AND MENTAL HYGIENES STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-HARR DEATH MATED F UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 1310 DEAD 11 1924 58 Male White Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE O MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A WIDOWED DIVORCED Baltimore County G WITH FORM PM 3. RETAIN PAGE WIT. PAGES I AND 2 SHOULD BE FILED E, DIVISION OF THE I ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 7946 Dundalk St. Monica Drive Insurance AgentMonumental USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21222 13b. COUNTY 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Dundalk 7946 St. Monica Drive Baltimore NO X Maryland DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST FIRST LAST W. West, Sr. Evelyn G. Matthews Harry 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 7946 St. Monica Dr. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 21222 Yes WW 216-18-3229 Jovce A. West Balto., MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W OR: PACE 3 SHOULD BE USED SA B URIAL-TRANSIT PREMIT. THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D MID, 21201 PRIOR,TO BURIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🖸 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR WEDICAL CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 220 I certify that I taak charge of the remains described above, held an Autapsy and in my apinion death resulted fram: Accident Suicide Hamicide Undetermined manner Natural causes TYPE OR PRINT 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE Burial 1/26/1983 Baltimore Gardens Of Faith Maryland BP 24 FUNERAL DIRECTO Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATU **DHMH - 17** 7922 Wise Avenue Dundalk, (VR A15 ME (5)) MD.

20M 4/82

STATE OF MARYLAND



	1	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYGI		5. NO.	0 0 6	14
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18. 61		HELE	N	65.0	\ \	Vhip	po		J	An a	29,1983	
M	3. SE	Emale	4	RACE	te	5. DATE C	DAY	1908	6 AGE (IN YEARS LAS		MONTHS DAYS	
	9	IRTHPLACE (STATE OR FOR OUNTRY)	reign 71	USI	WHAT COUNTRY?	8 MARRIE WIDOWE		MARRIED	9 BALTIMORE CIT		INTY OF DEATH	ity,
by the filed will	10 C	Towson	TH 1	1. NAME OF	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET	ADDRESS)	OSPI		120 USUAL OCCUI		12b. KIND NG LIFE) INDUSTR	OF BUSINESS C
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n and co	16a. \	VAS DECEASED EVER IT	U.S. ARMI		asa-aa		17. INFORM		2512 (	oress anter	buryRo	2123
fuires that the death certification by the attending plants remove carbon, hen please remove carbon, or remotion, or remotive, or other fraumatic ever		Conditions, if ony, gove rise to imme cause (a), stating underlying cause	the last.	DUE TO, C	OR AS A CONSEQUE	NCE OF	NOT RELATED		VV hos		GIVEN IN PART 1	(0
N: The law requivisition. Icate has been si consil permit. The Hygiene prior to Hygiene prior to 18 shows any injure.	CERTIFICATION	19a DATE OF OPERATI			N WAS PERFO		200 AUTOPSY? 200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NO					
HYSICIAN: Iding physics certifical burial-tron Mental Hy or Item 18:	MEDICAL CE	21g. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. IN JURY OCCURRE	USE OF DEATH	P	.M. MONTH DA	Y YEAR			ED (ENTER NATURE OF	NJURY IN ITEM	1 1B, PART 1 OR PART 2)	
OlvG PH or offer this e os the b olth and A	WEG	WHILE AT WORK AT WORK	LE C	(AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, F.	ARM, ETC.)	211. LOCATI	ON V	CITY OF	TOWN	COUNTY	STATE
L OR ATTENI the hospital L DIRECTOR: toched for us e Dept. of He		220.1 certify tha (1) saw the deceased above. [Nywe]4did 22b. SIGNATORE	d) (fild nat)	view We body			DEGREE	ATTENDING PHYSICIAN	eoth occurred an th	TAFF	MI DATI	, tha (1) (we) la e couses stoted SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detroited with the State MAPORTANT:	22- 1		cher	7	F,Sto	mo	22e ADDRES	4 6.4			0	
BP	L '	Burial, CREMATION, RISPECTED BUYIS	EMOVAL	23b. DATE 2/2	83 D	ME OF C		ALLEY	23d. LOCATION CITY OR TOWN	F	ALTO	MD.
DHMH - 16 60M 7/73 (VR A 15 (4))	24 F	INERAL DIRECTOR	1.11	. 7	57 ADDRESS	DEN	en R	25c. DATE	REC'D. BY REGISTR	AR 25b. 27	GISTRAR'S SIGNA	TURE

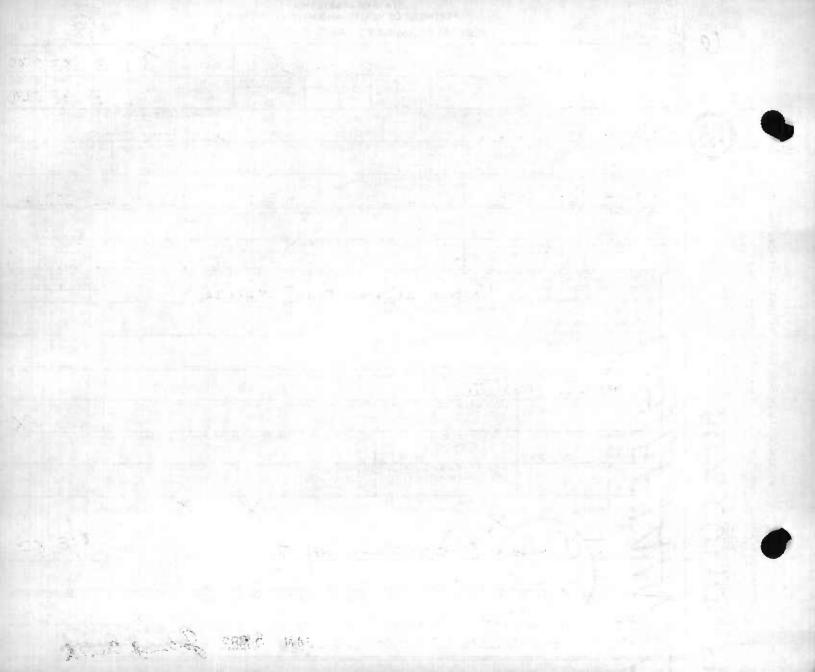


JA JA	1.	FOR STATE REGISTRAR			STATE OF MARYLAND T OF HEALTH AND MENTAL I ERTIFICATE OF DEATH	HYGIENE 8 5	0 0 6 1 5				
(MA)	I. DE	CEASED NAME FIRST PRINTING. HERE	BERT E		LGIS	20. DATE OF DEATH NOW	18 83 9 - 1/pm				
W	3.56	Male	4. RACE White		DATE OF BIRTH  NOV. 10, 1902	6, AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.  RS.				
Per Populario		RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT	COUNTRY? 8	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH				
by the filled the following the filled the following the filled the following the foll		TY OR TOWN OF DEATH	11. NAME OF HOSPIT		IOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Physician	ING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY  Medical				
filled in auld be	13a S	ALRESIDENCE (IF NURSING HOME C TATE 13b COU Maryland Ba	INTY 13c. CI	IDENCE BEFORE ADA TY OR TOWN OWSON	YES NO NO		sailles Cr. 21204				
ond 2 sh		THER'S NAME FIRST  E.		Wilgis	15 MOTHER'S MAIDEN	WIDDLE	Jeffery				
s. Poges 1		/AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (IF YES, G)  18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	218	00 SECURIT 10 SECURIT 10 SECURIT	074 Mrs. Mar	garet Wilgis,	Same  APPROXIMATE INTERVAL  BETIWEEN ONSET AND DEATH				
equires that the death cert is gned by the ottending to Then please remove carbon to burial, cremation, or rer injury, or other traumatic ex	NC	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO OR AS A CONTRIBUTIONS CONTRIBUTIONS		RDIAL INFARCACON INFARCACON IN LEFT COR LAIN LEFT COR THE BUT NOT RELATED TO THE T	Praction ON ARY ARTERY OF CORONOM, AL	1 hn TEM MONTHS NGIVEN IN PART 110				
ottending physician.  ter this certificate has been is the burial-transit permit. It is and Merrial Hygiene prior reed or them 18 shows ony in	CERTIFICATION	19a date of operation	196. CONDITION F	OR WHICH OP	ERATION WAS PERFORMED	206 AUTOPSY?   208. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES   NO   NO					
burial-transit p Mental Hygier or Item 18 shov	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 216. IN JURY OCCURRED	HOUR A.M. MER) P.M.	URY	YEAR 19 211 LOCATION	CURRED (ENTER NATURE OF INJURY IN 118	M IS PART I ORPART 2)  COUNTY STATE				
DIRECTOR: After the sched far use as the Dept. of Heolth and flem 21 is morked	W	WHILE NOT WHILE 220.1 certify that (I) (thus how sow the deceased alive a above, (I) (week (did) (did 22b. SIGNATURE)	I JANUAR /	osed from 19	, and that in (my) (auc) apir	nion death occurred an the date an	, 19 , thot (I) (was) lost				
TO FUNERAL DI should be detach with the State De IMPORTANT: If H		22d.PHYSICIAN'S NAME (TYPE KENNETH I		)	ATTENDIN PHYSICIAL 220 ADDRESS 7600 Osle	on the physician [  Physician [	on, MD 21204				
ē ₽₩¥ <b>≦</b> ——	23a	BURIAL, CREMATION, REMOVA SPECIFY) Cremation	1/20/83		NE OF CEMETERY OR CREMATO	RY 23d LOCATION CITY OF TOWN	COUNTY STATE				
H - 16 50M 4/B2 (VRA 15, 4)			ry W. Jen	kins &		DATE REC'D. BY REGISTRAR 256 JAN 201983					

i . /- ' lediew miniews Marylind Elitinora Toman TES E. Verstillen GEL 21000 7600 Calar Drive, Johnson, NE 21204 Crest Hiora i de de la lacan Maune Henry W. Jensins & Sons So. HE STORY FOR HELTON, AND 1912

1	FOR		DEPARTMENT OF HE	ALTH AND MENTAL	HYGIENE 😭 😁	00414				
	STATE REGISTRAR	MEI	DICAL EXAMINE	S'S CERTIFICATE	OF DEATH REG	NO.				
	DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE KNOWN					
	TYPE OR PRINT)	othy	L. W	ilhelm	OF ESTI- DEATH MATED	1 3 1,83 0700				
S	EX 4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS		R 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR				
٠,	amala whi	te 10 3	26 S6 YRS.	MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	1 3 1,83 0930				
E	emale Whi	7b. CITIZEN OF WI	HAT COUNTRY2		9 RAITIMORE CIT	Y OR COUNTY OF DEATH				
	FOREIGN COUNTRY)			MARRIED 🛣 NEVER MAR VIDOWED 🗌 DIVOR	RIED 🔲					
	aryland CITY OR TOWN OF DEATH	U.S.A.	PITAL, NURSING HOME, O		120. USUAL OCCUPATION	re County, MD				
		(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)	N OTHER II STITION	FOR MOST OF WORKING LIFE)	OR INDUSTRY				
	dgemere	13005 WE	11s Ave.		Housewife					
S	TATE 13	COUNTY	13c, CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS					
		Baltimore	Edgemere	YES NO	1 0000 110110	Avenue 21219				
	FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIL	DEN NAME MIDDLE	LAST				
_	Not Known		Zinn	Mae		Not Known				
60.	WAS DECEASED EVER IN (YES, NO, OR UNKNOWN) (H	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166. SOCIAL SECURITY N	O. 17 INFORMANT	ADDR	ESS3005 Wells Ave.				
1	0		215-20-55	11 Frank W	ilhelm, Jr.	Balto., MD. 21219				
_	18 CAUSE OF DEATH	Enter only one couse per Tine	for (a), (b), and (c).)	. 0 (-	1 .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	PART I DEATH WAS	AMEDIATE CAUSE (a)	ronc whe	mic hear .	disease	SELVER ONSEL AND DEATH				
	4149		AS A CONSEQUENCE OF							
	Conditions, if any, which gove rise to immediate (b)									
	cause (o) stating th		AS A CONSEQUENCE OF							
	lying couse lost.	(c)								
	PART 2 OTHER SIGNIFICANT CO	ANDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN P	ART T o					
NO		teo mellitu	13							
ATI	19a. DATE OF OPERATION	ON 19b. CONDIT	ION FOR WHICH OPERATI	ON WAS PERFORMED?		20. AUTOPSY?				
CERTIFICATION						YES D NO X				
ER1	210 EXTERNAL CAUSE		INJURY	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEA					
MEDICALC	UNDERLYING OR CONTRIBUTING CA		MONTH DAY YEAR							
255	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY (ATHOME,	If LOCATION						
Ž		TILE	ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE				
	AT WORK AT WOR	KK								
	22a. I certify that I to	ak charge of the remains des	cribed above, held an	Autopsy . Inspection	on , Inquiry , _	and in my opinion				
	deoth resulted from:	Notural couses	Accident , Suicid	e Hamicide	Undetermined monner	1.				
	ACTUAL 1	7	11/2 22	TITLE (SPECIFY)		1/3/83				
	SIGNATURE	1000an (	, Lavoran	Mo diduly	MEDICAL EXAMINER	DATE SIGNED				
	EXAMINER'S NAME			1	The State of the latest the lates					
	(TYPE OR PRINT)	I. Crossan	O'Donovan,	MD ADDRESS 2112	Dundalk Av	enue 21222				
q.	BURIAL, CREMATION, REM	OVAL 236. DATE	23c. NAME OF CEMET		23d. LOCATION CITY OR TOWN	COUNTY STATE				
	Burial	1/5/1983	Oak Law	1	Balti	more Maryland				
	FUNERAL DIRECTOR	ADDRESS.		250. DATE	REC'D, BY REGISTRAN 256. R	EGISTRAR'S SIGNATURE				
1	Juda-Ruck	Funeral Hom	e of Dunda	LK, Inc	51983 Jaa	- So Court				

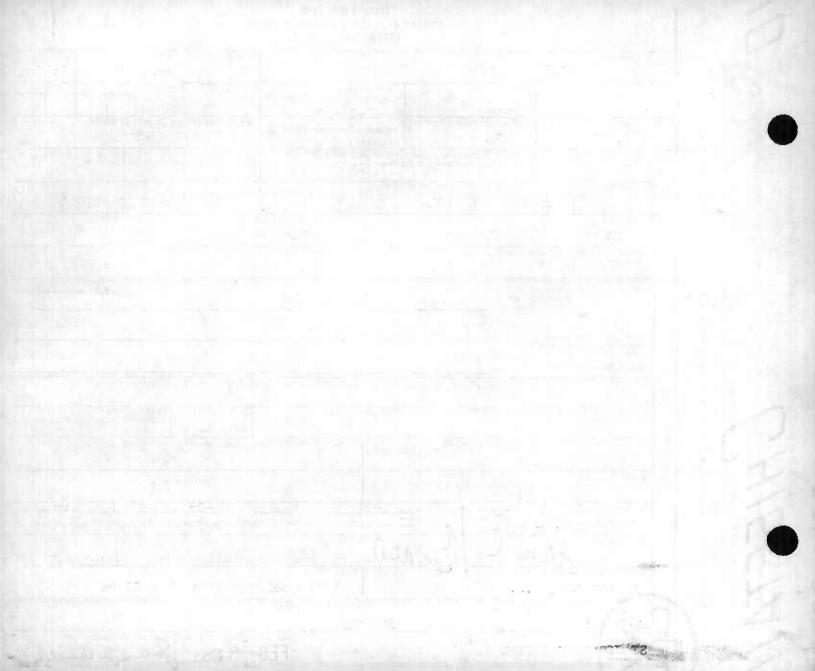
STATE OF MARYLAND



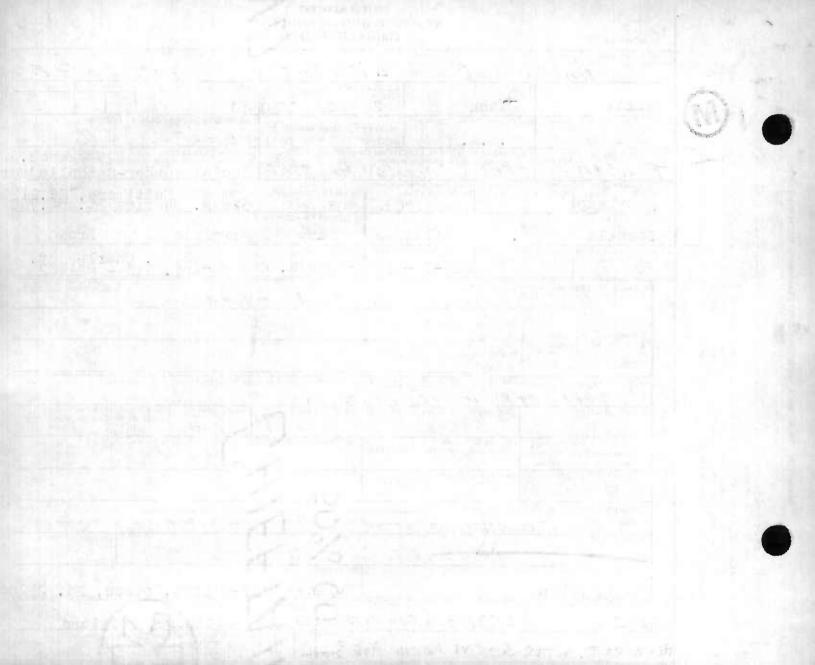
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er miss be notified of orce.

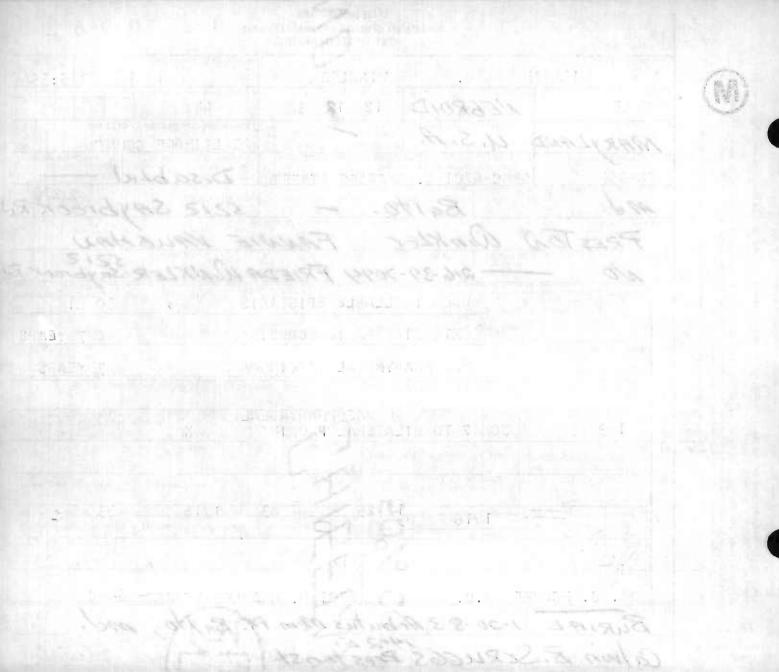
1	FOR STATE REGISTRAR			DEPARTM	NENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0	0 6	1 /
	ECEASED NAME	FIRST	A	AIDDLE		AST	20. DATE OF DEATH	MONTH DA	YEAR	26 HOUR
[TYF	PE OR PRINT)	BABY	GI	RL W	ILLIA	MS	12 3	1-25-8	3	1:56am
3. SE	EX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI		UNDER 1 YEAR	IF UNDER 24 HRS
	FEMALE.		WHITE		MONT	-24-83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YRS.	NIMS DAYS	9 56
	BIRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8.		9. BALTIMORE CITY		FDEATH	1 9 156
7	USA, MD		USA		WIDOWE	D NEVER MARRIED X	BALTIMORI	E COUNT	Y	MI
100	TOWS ON	ATH		OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND C INDUSTRY	F BUSINESS OR
13a. 13a.	JAL RESIDENCE (IF NUR STATE D	SING HOME OR 136 COUNTY	OTHER INSTITUTION. TY FORD	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN BELAIR	ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 2610 CA	LVERY R	D 210	014
AL.F	ATHER'S NAME SCOTT		WILL:	IAMS LAST		15. MOTHER'S MAIDEN NA/ ELMA	ME MIDDLE	RICE	LAS	ST.
	WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		10.0
IFICATION	Conditions, if any gove rise to im couse (o), stoti underlying cous	mediote ng the e lost.	DUE TO, OF		NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, V	WERE FINDIN	
- E							YES THE NO	YES		NO 🗆
CAL CERTI	218. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEA	TH HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	T 3 OR PART 2)	
MEDICAL	WHILE NOT WAT WORK	HILE [	216. PLACE C	OF INJURY BET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
1	220.1 certify that (4 sow the decease obove, (X (we))	ed blive on	ol) ottended the	19	3	.4 , 19 83 and that in (mX) (our) opinion (	, to <u>1—25</u> death occurred on the d			thak (we) los couses stoted
	226. SIGNATURE	Hu	nurl	10/10	us)	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🔀	22c. DATE	SIGNED
	SAMUEL			, 0	,	7620 YORK	ROAD TOWSON	N MD 21	204	
	BURIAL, CREMATION (SPECIFY) HOSP DIS		23b. DATE	23c. N	PARKI	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
24 F	STMEJOSEPI	H HOSP	ITAL	ADDRESS		FEE	E REC'D. BY REGISTRAR	25h REGISTRA	R'S SIGNAT	URE CHIEF



-1	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 () 0 6 1 8  CERTIFICATE OF DEATH  REG. NO.									
be eath		CEASED NAME FIRST AND T	ta K.	W	illiams	26. DATE OF DEATH	- 22	8 P. M.				
de 4 may	3. SE	x 'em <b>a</b> le	Black	5. DATE C		6. AGE (IN YEARS LAST BIRTI		HOURS MIN.				
Pog directly directly and directly dire	The said	RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76. CITIZEN OF WHAT COUL	MARRIE	□ NEVER MARRIED 💆	9. BALTIMORE CITY OF	COUNTY OF DEATH	MD				
s ofter d	10.C	TOWSON	11. NAME OF HOSPITAL, N	URSING HOME		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF SOCIAL WE	orker Catho	BUSINESSOR olicCha				
filled in lour applied in language of the state of the st		AL RESIDENCE (IF NURSING HE APO STATE III COU MARYLAND		E BEFORE ADMISSION) R TOWN TIMORE	13d. INSIDE CITY LIMITS? YES TO O	130. STREET ADDRESS	21	M4.70				
ed within mpletely and 2 sha		Samuel	MIDDLE Wi	iliams	15. MOTHER'S MAIDEN NA FIRST Mary	Virginia	Bro	wn				
Pages 1	1	VAS DECEASED EVER IN U.S. A (ES. NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATEST	L SECURITY NO. 30 <b>–</b> 8365	17. INFORMANT Sarah H. H	ADDRES	ss N. Charles . 718 - #21	St.				
law requires that the death considered by the attending ermit. Then please remove carbe prior to burial, cremation, or sony injury, an other traumation.	CERTIFICATION	Canditians, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  COPON  19a. DATE OF OPERATION		SEQUENCE OF	ienex	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	F DEATH?				
IG PHYSICIAN: The le offending physicion. The restricte has sertificate has some burial-transit per a nord Mental Hygiene ried or them 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN)	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YES THE TEM 18 PART ( OR PART 2)	ио 🗌				
d the the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET FACTORY, (	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	AN COUNTY	STATE				
ALLOR ATTENDING the hospital or oth the hospital or oth the CTOR: After stocked for use as the te Dept. of Health a te Dept. of Health a		220.1 certify that (1) (this has saw the deceased alive a abave. (1) (we) (did) (did n 22b. SIGNATURE	11	_19, ar	, 19	death accurred an the da	ite and hour and fram the co					
HOSPITAL ined by the FUNERAL old be deith the State ORTANT.		224 PHYSICIAN'S NAME (TYPE Eddie Nakhu			PHYSICIAN (	DIRECTOR PHYSIC		1. 2120				
BP	230. B1	BURIAL, CREMATION, REMOVA (SPECIFY) 2 rial			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltimor	COUNTY	STATE				
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	UNERAL DIRECTOR RBERT E, NOT	ER-3035 W. R	BIETH A	15. サルル JA	TE REC'D. BY REGISTRAR	25 MEGISTRAR'S SIGNATUR					



NA	-		m 22a fi	1m 576				ARYLA					marks and			
1	1 - 5	OR STATE 2-10 EGISTRAR	0-83 cn			MENT OF			CATEO	FDEA	SH S		0 0	) 5	- 1	9
T	. DEC	EASED NAME	FIRST	77124	MIDDLE		LK J	LAST	CAILO	7	o. DATE	REG. N		DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	Char	les	Μ.		Wi	Hiar	ns		OF	MATED [		14	19 83	
3	SEX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN	IDER 1 YR.	IF UNDER		c DATE	I CED	HINOM	DAY	YEAR	2d HOUR
/	Ma	le	Black	5 24	52		RS. MONT	HS DAYS	Hours	MIN.	PRONOUN	ICED	1	14	1983	2:28A
35		THPLACE (ST.	ATE OR	76 CITIZEN OF WH	IAT COUN	TRY?	8. MARRI	ED N	EVER MARRI	ED 🗍	BALTIM	ORE CITY	OR COUN	TY OF D	EATH	
2	M	aryla	नर्व	U.S			WIDOW		DIVORC			imore				MD.
المرر	0.€IT	YORTOWN	OF DEATH	11 NAME OF HOS	ILITY, GIVE S	TREET ADDRESS)				FOR M	AL OCCUP OST OF WOR	CING LIFE)	PE OF WORK	12b. KIN	ND OF BUS	
2	ISLIAI	Randal		Baltir R OTHER INSTITUTION, GIV	nore	County	Gene	eral H	Hospit	al l						
2 0	30. ST	ATE	MIN COUN.	TY	13c, CITY	ORTOWN				13e. STRE					2120	
2		arylar	nd I			timor		YES X	NO L		0 Pa	skin	Pla	ice	Apt	. 6B
De		FIRST		MIDDLE		LAST Will		ě.		TA LAWINE	MI	DDLE			ksoi	
1	6a W	Charle AS DECEASED	EVER IN U.S. ARA			laster TIAL SECURIT		17. INFOR	MANT			ADDRES	S	Jac	KSOI	1
21	(YES	NO OR UNKNOW	VN) (IF YES, GIVE )	WAR OR DATES)		N/A		Mae	Fran	cesi	7illi	iams	3640	) Pa	skii	Pl.
1		18 CAUSE OF	DEATH (Enter ani	y ane cause per line	far (a), (b)			1				- Citto		API	PROXIMATE ZEEN ONSET	INTERVAL
		PARTIDEA	ATH WAS CAUSED  IMMEDIAT	BY:	vula	r hear	t dis	sease						UL I I	ELIV OLIGET	ALL OLD III
Ž		4-27		DUE TO, OR	AS A CON	ISEQUENCE	OF							3 45		
ATION, OR REMOVAL.		gave rise	s, if any, which ta immediate	(b)												
1		lying caus	stating the <u>under</u> - e last.	DUE TO, OR	AS A CON	ISEQUENCE	OF									
	- 1	PART 2 OTHER SIG	NIFICANT CONDITIONS C	(c) Ontributing to death i	HT NOT BELA	TED TO THE TERM	IN AL MICE ACL	OB COMPLYIO	N CIVEN IN BA	NY 1						
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		ONIKIBOTINO TO DEATH	OT NOT KELA	TED TO THE TERM	IINAL UISEASI	UK (UNUIII)	JN GIVEN IN PAI	KI I IQ						
7	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFO	RMED?					20 A	UTOPSY?	
	TIFE													Y	ES X	NO 🗌
5		21a. EXTERNAL	CAUSEWAS	216 TIME OF HOUR A.M.		DAY YEAR	21c HC	OW INJUR	YOCCURRE	D (ENTER N.	ATURE OF INJ	URY IN ITEM 18	PART 1 OR P	ART 2)		
>	5 L	CONTRIBUTIN	G CAUSE OF D	P.M.		19										
		WHILE	NOT WHILE	21e PLACE C STREET, FACT				CATION			CITY OR TOV	VN	C	YTNUC		STATE
		AT WORK	AT WORK													
	- 1	77a i certify	that I took harge	e of the remains desi	ribed abo	er, held on	Autap	sy X	Inspection	n .	Inquiry	,a	nd in my o	pinian		
	- 1	death resulte	d from Noty	graves 1.	affedeny/	DAI: Su	icfde	, Hami		Undete	rmined ma	nner,				
3		ACTUAL SIGNATURE_	(11)	wowland	1/	mes			specify) ty Chi	ef			DATE	1.	/15/8	3
L'É		DICHARTORE_	100	1	1.1		M	<u> ۲۲۵ بوا</u>	y OIII	O IWEDIO	CALEXAM	INER	SIGN	ED/	12/0	
BALTIMORE, MARYLAND, 2		EXAMINER'S N	Thon	nas D. Smi	th,	M.D.		ADDRESS_	111	Penr	n St.	Ba	Ito.,	MD.		
A 7	3a BU	RIAL, CREMAT	ION, REMOVAL 2		7	NAME OF CE				CITY O	CATION		COL	INTY	STA	
E C		URIAL		1/20/83		Cedar	Hil.	l Cer		Bal	time			Co.	1	Md.
		NERAL DIRECT		ADDRESS					JAN	1 7 10	REGISTRAI	R 255 REG	ISTRAR'S	SIGNATU	JKE	
	wm	. C. I	March F	/H 1101	E. 1	Jorth	Ave	nue	0.111	1 1 N	00	Jour	~~	المحادث	N.	

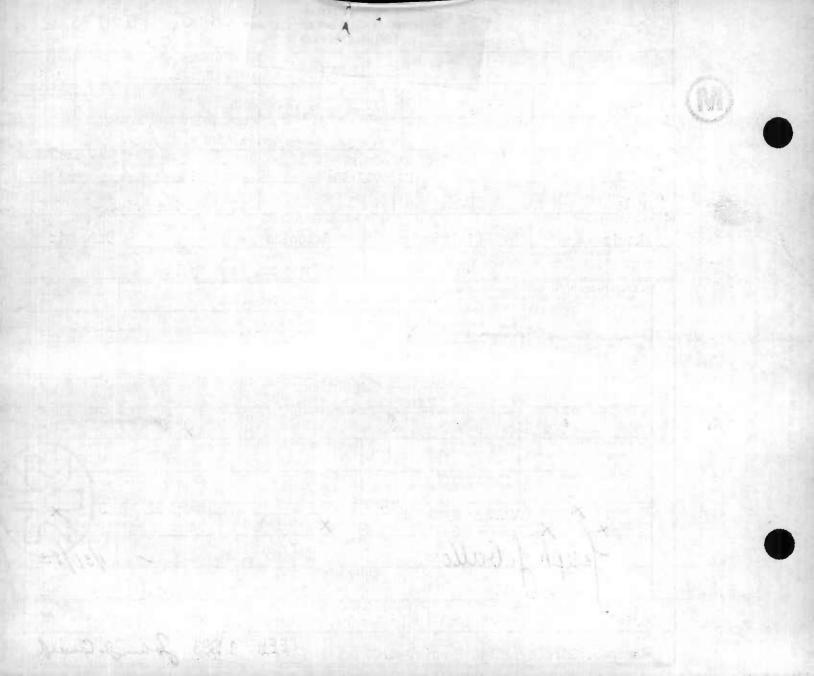


	1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO IFICATE OF DEATH	GIENE 8 3	0 0	) 6	2 1	
		CEASED NAME FIRST CL	INTON IV	an W	I INS LOW	2a. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR 10:05A	
)	3. SE		4. RACE	5. DATE	OF BIRTH 17 27, DAY 1893 YEAR	6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS HOURS MIN.	
54.	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY)  Kansas	76. CITIZEN OF WHAT C	OUNTRY? 8	ED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH BALT MORE COUNTY,				
Z		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY	11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GREATER BALTO. MED.		120. USUAL OCCUPATION 126. KIND		KIND OF COLLE	of Business or Tege	
35	13a.	AL RESIDENCE (IF NURSING HOME STATE 136 CO Ba	UNTY 13c_CIT	ITY 13CCITY OR TOWN		138. INSIDE CITY LIMITS? 130 STREET ADDRESS 712 Millda		lam Road 21204		
30	14. F/	Orin Eli	IS. MOTHER'S MAIDEN NAME as Winslow  IS. MOTHER'S MAIDEN NAME  FIRST  Evelyn Morelan					LAST	den j	
event, the medical			SIVE WAR OR DATES!	? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS					Rd.	
ia boria, cremanan, an ijury, ar ather traumatic	z	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A C	CONSEQUENCE OF	JT NOT RELATED TO THE TERA	winal disease or con	IDITION GIVEN IN	PART IO		
shows ony in	TIFICATIO	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES			
or Item 18	MEDICAL CERTIFICATION	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I IT EITHER NOTIFY MEDICAL EXAMINATION OF THE INTERPRETATION OF THE ITEM	P.M. 21e. PLACE OF INJU	ONTH DAY YEAR		RRED (ENTER NATURE OF INJU		OR PART 2)	STATE	
IMPORTANT: If Hem 21 is marked		220.1 certify that (I) (this has saw the deceased alive	on 1/24 not) view the body ofter de	19 83	DEGREE  ATTENDING PHYSICIAN [ 226. ADDRESS  GBMC - 6701	MEDICAL STA ☑ DIRECTOR ☐ PHYSI	FF CIAN D	fram the co		
- W	23a. E.	BURIAL, CREMATION, REMOV			Ridge Cem.	Bartimo	ore Md.		STATIS	
4/82		UNERAL DIRECTOR  ITCHELL-WIEDEF	ELD HOME, IN	IĈ. 6500	York Rd.	LAEND BY FOLDS	25 PEGISTRAR'S	GNATU	IRE	

12 1111111 05 District District Car Company Control Carlos (1971) to company . Nan free , all men arm en - a . Nan MPORTANT: If Item 21 is marked at Item 18 shows any injury, or other traumatic event, the medical examiner must be baykied

	1.	FOR - STATE REGISTRAR		DEP	ARTMENT OF	IE OFMARYLAND HEALTH AND MENTAL HYO FICAT≅ OF DEATH		0	0 6 2	2. 2.
		CEASED NAME FIRST MARY		MIDDLE		LAST	REG. N	MONTH DAY	YEAR 26 HOL	
						IEWSKI	January 31	-	9:4	
)	3. SE		4 RACE		MONT		6 AGE (IN YEARS LAST BIR	THDAY) IF UND	ERIYEAR HUNDER	MIN MIN
4	1 8	Female  IRTHPLACE   STATE OF FOREIGN	76 CITIZEN OF		VTRY? 8	ember 3,1906	9 BALTIMORE CITY O	YRS OF D	EATH	
3		Baltimore		SA	MARRII	ED NEVER MARRIED DIVORCED	Baltimore	_		MD
7		ESSEX	11. NAME OF (IF NOT IN SUC Frank	HOSPITAL, N CHFACILITY, GIVE 1 in Sql	URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewife	OF WORKING LIFE) IN	KIND OF BUSIN	-
5	13a S			13c CITY OR	TOWN Burnie	13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS 1009 Geni		210	161
0	14 14	ATHER'S NAME FIRST LOUIS	MIDDLE	Bielato	wicz	Antonina	WE		ziedzic	
2		VAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	16h SOCIAL 214-0	1-2052	Anna Brayden	, Same as 1	ESS		
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU 42 80 IMMED  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, O	PR AS A CONS	SEQUENCE OF	estive Heart	Failure		APPROXMATE INTEL BETWEEN ONSET AND	DEATH
	NOI	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING	G TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN	PART 1(0)	
2	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	ON WAS PERFORMED	28d AUTOPSY?		E FINDINGS USEI CAUSES OF DEAT NO	TH?
7		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	TRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DA		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I C			
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, O	FFICE, FARM. ETC.)	211 LOCATION STREET	CITY OR TO	wn co	YTAUC	STATE
		220.1 certify that (this has sow the deceased alive above, (we) (did) (did)	on view the body	y <sup>de</sup> 31 <sup>sed f</sup> ofter death.	Janua 19 83	nd that in (Xy) (our) opinion	, toJanuary depth occurred on the d		inom the couses st	
		JOSEP	1.60	ello		ATTENDING PHYSICIAN	MEDICAL STA	FF _	1/3/83	3
		Josep					lin Square [	Orive 212	37	
	23a B	BURIAL, CREAL TION, REMOV. BURIAL	23b. DATE 2 Feb	1983		sary Cemetery	Dunda 1 k	Baltim	öre M	ĬĎ¹⁵

DHMH - 16 50M 1/B1 (VRA 15, 4) James S. Kirkley, Glen Burnie, MD



	o y	deo
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending phylician and comparing the first funeral director, page 3 should be detached for use on the burint transfer permit. Then please remove corbot mental many and 2 the latter and 1 the burint death
	HOSPITAL OR ATT	S FUNERAL DIRECT
	D &	T sh

2	,	FOR STATE		DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 3	0	0 6	2 3
1		REGISTRAR	NEEDLY.		CERTIF	ICATE OF DEATH	REG. NO	).		
100		CEASED NAME FIRST		MIDDLE	17	The t	A /	AONTH DAY	_ /	HOUR S
2.0	3. SE:		lerine 14 RACE	( •	5. DATE O	1-10	& AGE (IN YEARS LAST BIRTH	DAY) IF U	. 0 0	UNDER 24 H
1.09		Female	W	hi.te	Aug		81	YRS.	THS DAYS HO	DURS M
35		RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland		WHAT COUNTRY?	MARRIE WIDOWS	D NEVER MARRIED	Baltimore CITY OF			
90		TOWSON	11. NAME OF	HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewif	WORKING LIFE)	126. KIND OF BUINDUSTRY	JSINESS
35	M M		DR OTHER INSTITUTION JULY 1 timore	GIVE RESIDENCE BEFORE 131. CITY OR TOW Parkvi	N	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 1821 Wen	tworth	Rd. 212	234
230	14. FA	THER'S NAME FIRST  George	MIDDLE E.	Trautr	er	15. MOTHER'S MAIDEN NAM Margare t	WIDDLE		Vaupel	
/		VAS DECEASED EVER IN U.S. A (18 YES, CO	RMED FORCES?	217-14-6		George W.	ADDRES Wolbert 18		21234 Sworth I	Rd.
injury, or other troumoti	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(b)	RAS A CONSEQUE	WIL		WWW.	ITION GIVEN	IN PART 110	
mo \$49	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	ERE FINDINGS G CAUSES OF	USED DEATH?
Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)	
rked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE FA	ARM, ETC )	21f. LOCATION STREET	CITY OR TOW	N	COUNTY	STAT
21 із то		220.1 certify that (I) (this has saw the deceased alive a above, (I) [we] (did) and	1119	10 8	21/01	d that in (my) (our) opinion d	eoth occurred on the dot		•	(1) (we
# # #		226. SIGNATURE	led	1			MEDICAL STAFF	an 🗌	22c. DATE SIG	NED
MPORTANT		22d. PHYSICIAN'S NAME TEXPE	OR PRINTING	RRA	- 1	22e ADDRESS				ES
4	23a. B	urial, cremation, remova Burial	236. DATE  Jan 10			emetery or CREMATORY awn Cemetery	23d LOCATION CITY OR TOWN Baltimo		Marylai	STATE
1/81		NERAL DIRECTOR Leonard J. Ruc	k, Inc.	Baltimor	re, Ma	aryland JA	NTO 1983	So CE ISTRAR	SSIGNATURE	inil

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1 - 50 months Co		<b>3</b> 2	J. A.E.E	
Total 170 -	L. Tycha	471-11	VIDORY CIN	
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al armovement for restalla	. I sgiow	1.350-	1 — 1	
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Dundalk, MD.

21222

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

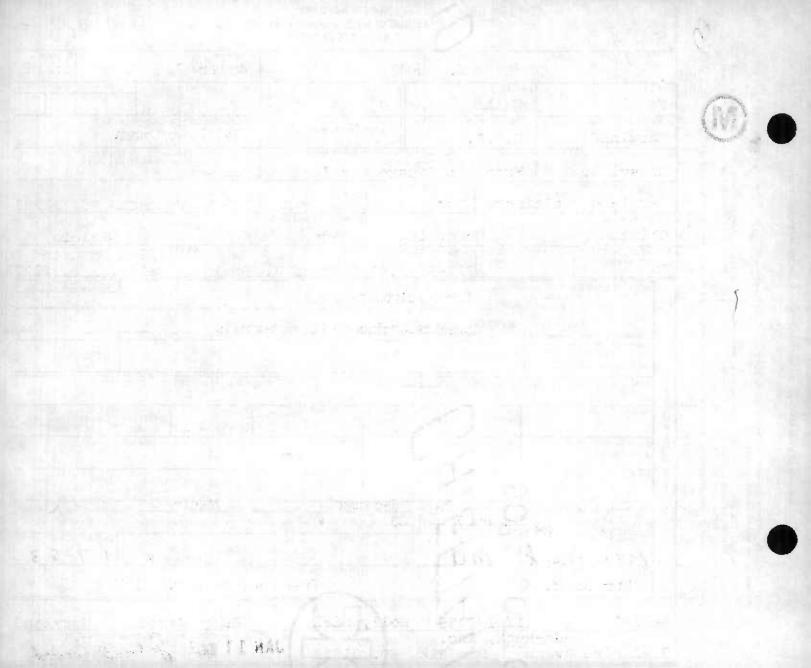
CERTIFICATE OF DEATH

FOR

7922 Wise Avenue

(VRA 15, 4)

- STATE



FOR - STATE

	STAIL OL W	AKTLAND	
DEPARTMEN'	OF HEALTH	AND MENTAL	HYGIENE
C	RTIFICATE	OF DEATH	

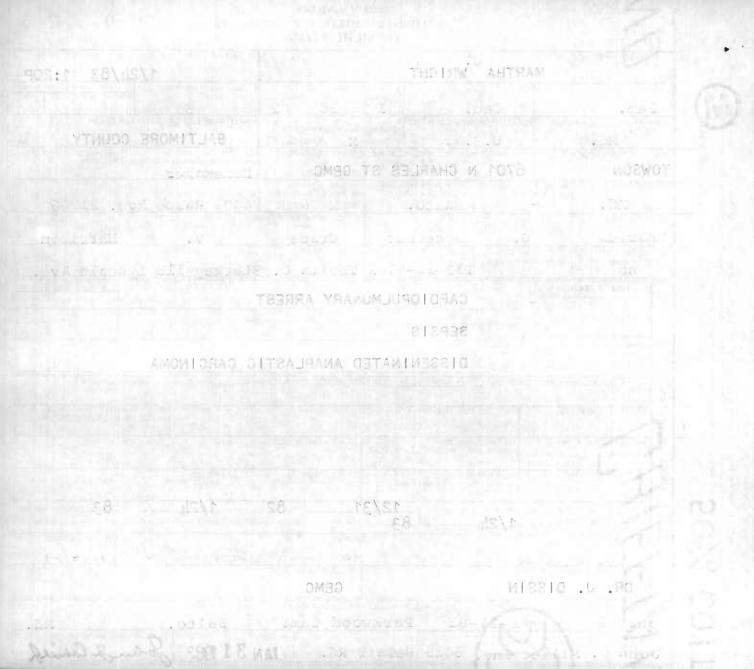
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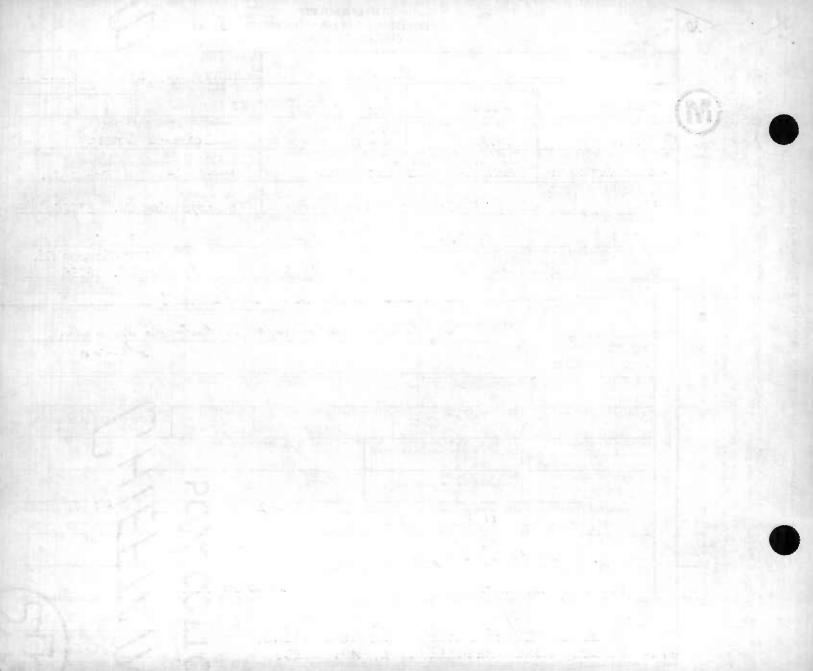
		REGISTRAR		CERTIFI	ICAIL OI DLAIII	REG. NO.					
		CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR		
	() I F	Leona	rd WOOD			January 15	5,1983		12.45	A,	
	3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BI		DERIYEAR	IF UNDER 24	4 HRS	
	1	Malo	Cauc.	Jul	y 14,1964	78	YRS.	DAYS	HOURS	MIN.	
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY		DEATH			
1		Penna.	U.S.A.	WIDOWE	D NORCED	Baltimore	e County			MD.	
A	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	120 USUAL OCCUPAT		b. KIND C	F BUSINES	SOR	
		sedale	Franklin Squ	are H	ospital	Elec. & 1	Plumber	Sur	ply	Hs	
5	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN			13d INSIDE CITY LIMITS	13e. STREET ADDRESS					
1		Md Bal	timore Baltim	ore	YES NO	1000 Fran	nklin A	ve.	2122	21	
PA	14 FA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	NE MIDDLE		LAS	1		
G		William	Wood		Lucy			Cox			
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT (daug	hter) ADOR	9ss Glenb	rook			
Ħ			208-09-	2566	Betty Moore		tamford			102	
		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), o	nd (c				BETWEEN	MATE INTERVA	AL EATH	
		PART 1. DEATH WAS CAUSE	re CAUSE (o) Cardio Pr	ulmona	ry Arrest Deco	ompensated					
		4275	DUE TO OR AS A CONSEQU	IENCE OF	conjest	tive Heart	Fatture				
		Conditions, if ony, which ( b) Generalized Edema									
		gove rise to immediate									
		underlying couse lost.	DUE TO, OR AS A CONSEQUE	JENCE OF			L. C 9-8				
		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	I PART 10			
	CERTIFICATION										
1	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEF	RE FINDIN	GS USED	12	
	TIF					YES NO	YES [	CAUSES	NO [	•	
		210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH	AY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 C	OR PART 2)	9.0		
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	117	19							
9	EDI	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION	CITY OR TO	OWN C	OUNTY	STA	15	
	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	-	31,000	CITORIC			312		
-		22a. I certify that X (this hospit	January 14	Janua	ry 15 19 83	to_January	y 15 19 E	33	that K (we	e) lost	
-		sow the deceased alive on above, ( (we) (did) (di / n)	view the body ofter death.	3, on	d that in (my) (our) opinion d	eath occurred on the d	ote and hour and	from the	couses state	ed	
		22b. SIGNATURE	17		DEGREE		7	22c. DATE	- 1		
		N. W	adhua		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN X	1/1	5/8	3	
		22d. PHYSICIAN'S NAME TYPE O		11.5	22e ADDRESS	COURTO	Dr 2123	27	/		
		D. W:	ADHWA		9000 Frank	lin Square	DI , 2120	,,			
	23o. B	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	CON	INTY	STA	75	
		Burial	1/18/83 Ph	ilips	burg Cemete		psburg		tre I	a.	
	24 FL	UNERAL DIRECTOR	ADDRESS	210	018 250 DATE	REC'D. BY REGISTRAR	256. RECISTRAR'S	SIGNAT	URE		
11	Fl	eming Funera		nson		N 1 8 1983	John	S.	Come	4	

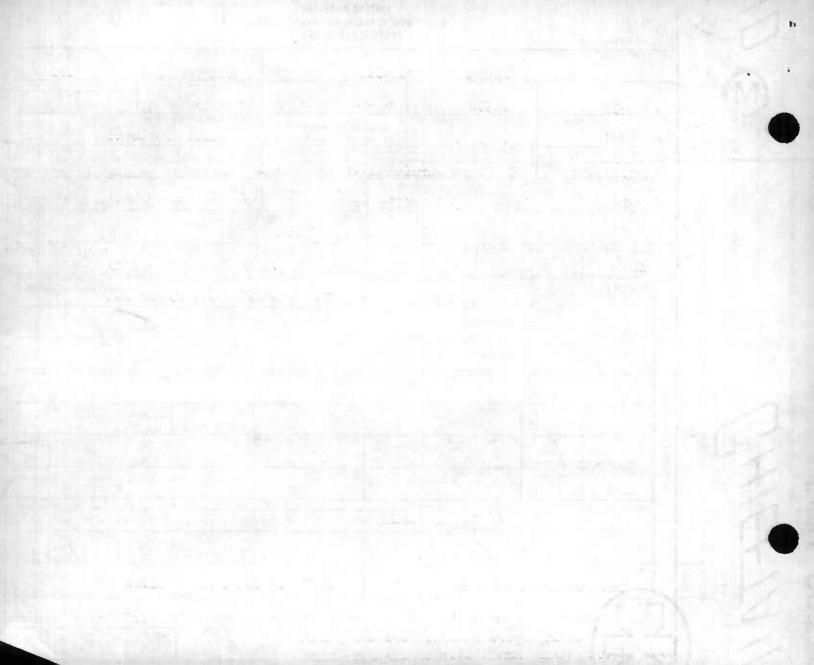
DHMH - 16 50M I / 81 (VRA 15, 4)

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				STAT	E OF MARYLAND		en	
	1.	FOR STATE	DE		EALTH AND MENTAL HYG	IENE 8 3	0 0 6	2 3
	-	REGISTRAR				REG. NO		
4 E		CEASED NAME FIRST	C,IDDIE		AST	20. DATE OF DEATH	MONTH DAY YEAR 2	b. HOUR
y be			MARTHA WRIG					1:20
(AA)	3. SE	X	4. RACE	S. DATE O		6. AGE (IN YEARS LAST BIRT		FUNDER 24 H
(NE) 8		Fem.	Cau.	1	30 02	80	YRS.	
4 00 5	ZarB	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEATH	
deoth. Poge		Md.	U.S.A.	WIDOWE	DINORCED	BALTIM	MORE COUNTY	
offer, of the full		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120. USUAL OCCUPATION		BUSINESS
	TC	WSON	6701 N CHA	RLES ST	GBMC	Homemaker		
hin 24 hau dy filled in should be	USU 130	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY O	E BEFORE ADMISSION)	136. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
elfill 24		Md.	- Bal		YES NO	4404 Rasi	pe Ave. 212	06
within within detely (42 sho	14. F/	THER'S NAME	MIDDLE LA	CT	15. MOTHER'S MAIDEN NA	ME		
brod Sport	C	narles	_	echer	Grace	V.	Harri	son
- 0		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT	ADDRE	SS	5021
te be executivities of the person of colors. Pages 191.	,	YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 212-1	12-4701	Thelma C.	Starkey 11	13 Lyndale	Δπο
cote b ysicion opers, ovol.		18 CALISE OF DEATH (Enter of			THOUMA OF	Dearliey 1.	APPROXIMA BETWEEN ONS	IL INTERVAL
physic npope movol	100	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		TOPULMO	NARY ARREST		BETWEEN ON	SET AND DEA
0000		1991 IMMEDIA	TE CAUSE (o)		7.11.12.0			
he deoth como to troumotic			DUE TO, OR AS A CON	SEQUENCE OF				
he deoth he ottend emove co motion, o		Conditions, if ony, which	(b) SEFS	13				
the reme		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF				
that the state of		underlying couse lost.	( c) DISS	ENINATE	D ANAPLASTI	C CARCINO	MA	
5 6 25 5	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART To	
requenting the single of the s	CERTIFICATION							
low re	S.	190. DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	
The lo	1 2					YES NO		NO [
SKCIAN: The physicio certificate in virial-transit entral Hygie tem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
HYSICIA ding ph is certifi buriol-tr Mentol	18	(IF EITHER, NOTIFY MEDICAL EXAMINE		19				
o A bus day	MEDICAL	216. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	DEFICE CARM STC 1	211. LOCATION	CITY OR TOV	wn COUNTY	STATE
DING PH or otten After th se os the alth ond morked o	>	AT WORK AT WORK	(AT NOME, STREET, FACTOR),	OFFICE, FARM, EIC )				
00 4 % D E		22a.   certify that (I) (this hasp	ital) attended the deceased	from 12/3	19.82	_, to 1/21	, 19_83_, the	ot (I) (we)
OR ATTENIOR PROPING PORTION: oched for us Dept. of Hem 21 is	15	sow the deceased alive or	ot) view the body ofter death.	19 83 01	d that in (my) (our) opinion o	death occurred on the do	te and hour and from the co	uses stated
OR A he has been been been been been been been bee		22b. SIGNATURE	or) view the body offer deoffi.		DEGREE		22c. DATE SIG	GNED
1 - 1 - 0		In the D	(4 (4.4)		MO ATTENDING PHYSICIAN	MEDICAL STAF	FIAN 1/341	100
SPITAL 3 by th NERAL be dete e Stote TANT:	1	226. PHYSICIAN'S NAME (TYPE	OR PRINT)		220. ADDRESS	J DIRECTOR PHYSIC	IAN ( ) 110 71	83
O HOSPITAL O HOSPITAL TO FUNERAL Should be delivent the Store		DR. J. DIS			GBMC			
etained TO FUNE should be with the	00			100 -10		- Improversion		
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		Burial	1-27-83	Parkv	rood Cem.	Balto.		Md.
DHMH - 16 50M 4/B2		UNERAL DIRECTOR	- ADI	DRESS		- A	25h PEGISTRAR'S SIGNATUR	
(VRA 15, 4)	1	Tohn C. Mille	er Inc. 641	Belai	r Rd.	N 31 1983	John & Cas	held





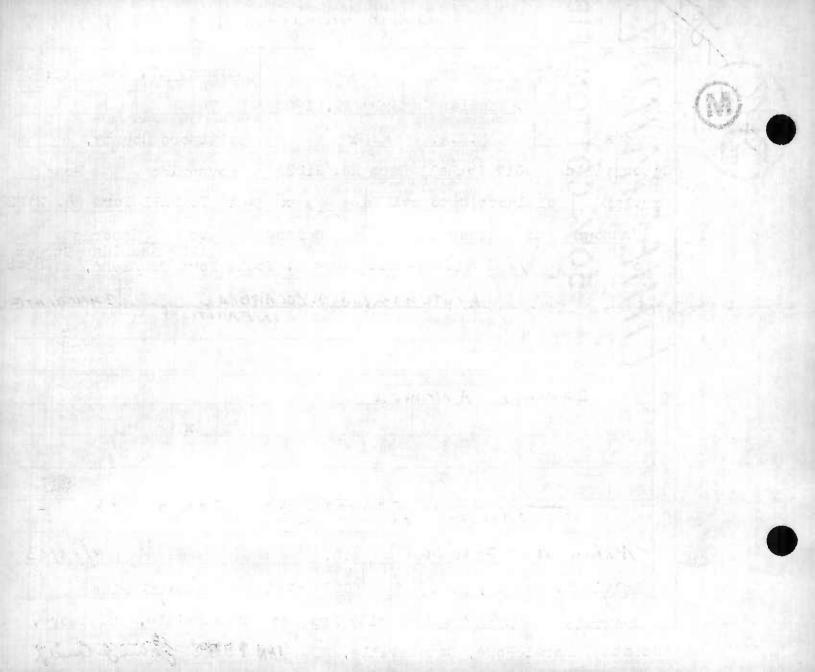


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

REGISTRAR



FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STRAR 256 REGISTRAR'S SIGNATURE

00630

	REGISTRAR			CERTI	FICATE OF DEATH	REG. I	٧٥.		
(TYP)		aura M. You	ung		LAST	January 4	, 1983 DA	Y YEAR	26 HOUR
	Female	4_RACE White			OF BIRTH 13, DAY 1918 EAR	6 AGE (IN YEARS LAST B		UNDER LYEAR	IF UNDER 24 HRS
7º 8 Ba	Ptimore, M	d. 76 CITIZEN	OF WHAT COUNTRY		ED NEVER MARRIED DIVORCED	Baltimo			MD.
E	SSEX 21221	(IF NOT II	SUCH FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Sales Cl	OF WORKING LIFE)	INDUSTRY	BUSINESS OR
13a. S	AL RESIDENCE (IF NURS) Maryland	NG HOME OR OTHER INSTITUTE BALTIMORE	13 ESSEX		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ena Rd.	218	12/
14. F/	ATHER'S NAME	ph Calcagi	LAST		15 MOTHER'S MAIDEN NA  Giovanna	WE	G	irband	0
	VAS DECEASED EVER YES, NO OR UNKNOWN)	N U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			Samuel Young	ADDI S, Son 818			21220 Balto M
Z	Conditions, if ony, gove rise to imm couse (o), stating underlying couse	which lediote to the lost lost lost	O, OR AS A CONSEO O, OR AS A CONSEO Coro	and UENCE OF	in film to many fice	M D MINAL DISEASE OR COM	ndition given	Ser Je	ed or
CERTIFICATION	19a DATE OF OPERAT	ION 196 CC	ndition for which	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, YES IN CERTIFY!	WERE FINDIN NG CAUSES	GS USED OF DEATH? NO
MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DEATH HOUR	A.M. MONTH	DAY YEAR					
ME	WHILE NOT WHI	LE (AT HOM	CE OF INJURY E. STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	sow the decease	this hospital) attended dolive on id)(did not) view the b	9/28 19	F2.0	nd that in (my) (eucl opinion	deoth occurred on the	dote and hour o	and from the c	hot (I) ( <del>we) l</del> ost ouses stated
.00	22b. SIGNATURE	A	20		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN []	22c. DATE S	IGNED 3
	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)			220 ADDRESS 406 Enster			ml 2	.12 41
	BURIAL, CREMATION, F	REMOVAL 135 DATE			EMETERY OR CREMATORY	23d. LOCATION	7 + 4	COUNTY	STATE

Home PA 1407 Old Eastern Ave.

DHMH - 16 50M 1/81 (VRA 15, 4)

Carriery -, 13-5 THE PARTY . 8191 , 11 and vitured ston like Les x ELEFO 1504 Galena word Total Total - 1990 mais authors description broken x 2504 Olivers cininini. annivoit. TIS CO FRID PARMOD LOURS, Don Ble Lague rion Ed. Balton

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Lilly & Zeiler Inc. 1901 Eastern Ave. (21231)

(VRA 15, 4)

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edical Tob. Baste 1916	M Indigical M	Baltiso e Compey C	leltinore Co.,
torest La. Clark	У	- Reltimore	- Brolytal
Anna Project	onen EV	Fech	alinev

injury, ar other traumatic event, the medical

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

STATE OF MAR	YLAND
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1	1-	FOR STATE REGISTRAR			DEPARTA		FICATE OF DEATH	REG. NO.	0 0	5 3	L
1		CEASED NAME	FIRST	A	AIDDLE		LAST	20. DATE OF DEATH MONT	H DAY YEA	R 2b. HOUR	R
			IREN	Е	S.		ZELL	JANUARY 26,19	83	7:00	А. м
	3. SE)	Х	- 17	RACE		5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	F UNDER I Y		24 HRS
		FEMALE		WHIT	Е	DE	C. 11, 1916	66	YRS.	HOURS	MIN.
5		RTHPLACE (STATE OR FO	OREIGN 7		WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DED XX DIVORCED	9. BALTIMORE CITY OR CO		4	MD.
0		0. CITY OR TOWN OF DEATH  BALTIMORE  11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C)  3014 NORTHI				ADDRESS)	OR OTHER INSTITUTION 21208	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUSEWIFE	KING LIFE) INDUS	126. KIND OF BUSINESS OR INDUSTRY  AT HOME	
5	13a S M	ARYLAND	13b. COUNT	THER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS 3014 NORTHB			08
G	114. FA	ATHER'S NAME FIRST JOHN	Μ	IDDLE	SANK		15. MOTHER'S MAIDEN NA	MIDDLE	MAR	LAST	
		VAS DECEASED EVER I		ED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMANT J	JOHN M. ZEPPESS AVE. BALTO	., MD	21208	
	7	Conditions, if any, gove rise to imm cause (a), stating underlying cause	nediate g the last.	(b) DUE TO, OF	77 5	SLOP OF DEATH BUT	NOT RELATED TO THE TERM	ON GIVEN IN PAR			
2	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	, ,,	OPERATIO	ON WAS PERFORMED		IF YES, WERE FIN		H?
7	MEDICAL CERT	21a. ACCIDENT WAS UND OR CONTRIBUTING C C (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHIE NOTIWH AT WOR 22a. Certify that (1)	AUSE OF DEATH	P.I 21e. PLACE ( (AT HOME STR	M. MONTH DAM.  DEFINJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN IT	COUNTY	st, that (1) (av	TATE
		sow the decesse above, (1) (was (d) 22b. SIGNATURE	LANE (TYPE OR	mul)	Lech	71	DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. D	ATE SIGNED	3
-	23n B	BURIAL, CREMATION, I		VIN 123b. DATE	T 23, N	NAME OF C	6101 PARK H	EIGHTS AVE			
	(	(SPECIFY) BURTAL	ILITIO TAL	JAN 27			IALOM MEM DADE		WALL SOUND	55	AIS

DHMH - 16 50M 4/82 (VRA 15, 4)

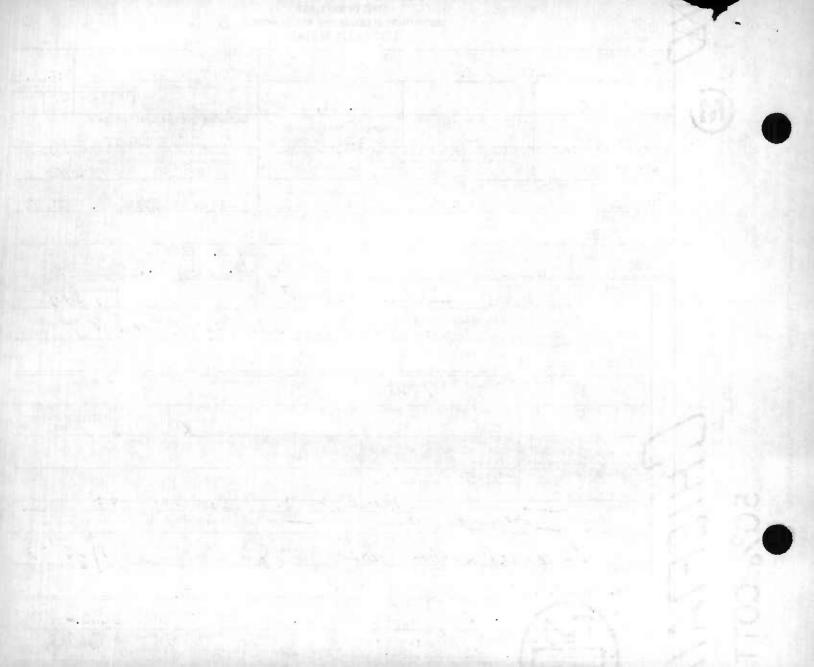
BP.

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND

21215

REISTERSTOWN 25a. DATE REC'D. BY REGISTRAR 15b. REGISTRAR'S SINATURE

MD BALTO.



DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR TYPE OR PRINTS LAVINIA ZENTER January 7. 1983 E. 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HPS March 26 1903 Female White 79 ( STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore County WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR HOMEMAKET Forrest Haven Nursing Home Catonsville SUAL RESIDENCE (IF NURSIN Catonsville 13e STREET ADDRESS Road 13d. INSIDE CITY LIMITS? Maryland Baltimore 21228 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Laumann William Margaret Miller 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Milford. Delappress 19963 (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! Ramona E. Bennett, 609 Parson Thorne Apts 217-22-7975 no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). AT MIDPLE CORE brak PART I. DEATH WAS CAUSED BY TROKE monto DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Hrus 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION

220 | certify that (1) (this hospital) attended the deceased from

21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY

NOT WHILE

DEGREE

ATTENDING . PHYSICIAN ]

MEDICAL DIRECTOR | PHYSICIAN

CITY OF TOWN

22c DATE SIGNED

22d. PHYSICIAN'S NAME THE OF PRINT Dr. Harold Bob 22e ADDRESS

7220 Park Heights Ave., Balto.Md

230 BURIAL, CREMATION, REMOVAL Burial

17h 58GNA

3 SEX

IFICATION

235 DATE 1/10.83

23c NAME OF CEMETERY OR CREMATORY Lakeview Cemetery

23d LOCATION

Sykesville, Carroll County, Md

24 FUNERAL DIRECTOR 1630 Edmondson Ave., Baltimore, Md. 256. DATE REC'D. BY REGISTRAR 256. Re-Witzke Catonsville FuneralHome, P.A. 21228

Cart (Nambrist) 1 (1 197/3: 11 197/3 of in The state of the s Mary Land Collings of Colemnic Teach and Colemnic Colemni of Carton Carton Control of the Carton Contr STROKE ( TO ESTALLE CON CONT 2 of the same of the same 7220 Part Int as a series to the State of St. Curto: Tyro notice to the country of the country of

	Je	1	1-	FOR STATE REGISTRAR	ATE CENTIFICATE OF DEATH									
				EASED NAME	FIRST		MIDDLE		AST		20. DATE OF DI		DAY YEAR	2b. HOUR
	of the		[TYPE	OR PRINT)	JOSEP	H STE	EPHEN	ZWOLI	NSKI	1	January	3, 198	3	11:47pm
	4		3. SEX			4. RACE		5. DATE O	F BIRTH		6. AGE IN YEAR	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	(3/4)			M	validad)	V	V	MONT	7/1/21	YEAR	61	YRS		MIN,
		2		THPLACE (STATE	OR FOREIGN	76. CITIZEN O	F WHAT COUNTR	Y? 8.	D NEVER MAR	RIED 🗆	9. BALTIMORE	CITY OR COUN	TY OF DEATH	
	funeral thin 72	5		MD		US	A	WIDOWI			Baltimo	re Coun	ty	MD,
	offer d	14	10. CF	Y OR TOWN OF	DEATH	11, NAME OF	F HOSPITAL, NUR	SING HOME (	OR OTHER INSTITU	TION	120. USUAL OC	CUPATION R MOST OF WORKING	126. KIND O	F BUSINESS OR
5	S. 70 T		R	, , , , , ,	E	FRA	WKLIN	SER	HOSP	7	01	2		
212	Do in ou	75	USUA 13a. S	L RESIDENCE (IF N	URSING HOME OR	OTHER INSTITUTIO	ON GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CITY I	LIMITS?	13e, STREET AD	DRESS 2	1221	
AND	2 E 3 E	U	1	MD		4170	ESSE		_	0	612	SEE	NA	RD_
MARYLA	completely for a lond 2 sho	20	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA			MIODLE	LAS	1
	ound led	50	4,	TOSEPH	1	ZVVG			ROS	ELIK	7	ACK	INSKI	
ORE,	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  160. WAS DECEASED EVER IN U.S. ARMED FORCES?  160. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  17. INFORMANT  ADDRESS  220057807 ELIZ, ZWOLINSKI											0.0		
0 0 %											KI		OVE	
BAL	ificote b physicio npopers. movol.			18. CAUSE OF DE	ATH (Enter on	ly one couse p	er line for (0), (b),	ond (c1.)	0	9			BETWEEN C	MATE INTERVAL ONSET AND DEATH
ST.,	6000			A A A A		E CAUSE (o)_	Modor	order	es mo	tur	~ (es	whoet	most	
PRESTON			20	410	0	DUE TO,	OR AS A CONSEC	QUENCE OF						
REST	deoth ottend nave co atian, o			Conditions, if a		(b)_								
W. Pi	t the se	91		couse (o), ste underlying co	oting the	DUE TO,	OR AS A CONSEC	QUENCE OF						
201 V	that d by lease ial, cr					( (c)_								
	equires n signe Then pl to bur		z	PART 2. OTHER S	IGNIFICANT (	CONDITIONS	CONTRIBUTING T	O DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE C	RCONDITION	SIVEN IN PART 10	
ORG			AT 10	190. DATE OF OPE	PATION	196 CON	DITION FOR WHI	CH OPERATIO	N WAS PERFORMI	ED	1200 AUTOPS	V2 1205 IE V	ES, WERE FORDIN	JGS LISED
DIVISION OF VITAL RECORDS,		9	CERTIFICATION	INE. DATE OF OFE	RATION	178 CON	DII G TOK WHI	CH OFERATIO	IN WAS FERT ORM			IN CER	TIFYING CAUSES	OF DEATH?
ITAL	SICIAN: The lang physicion. certificate has virial-transit per ental Hygiene them 18 shows	6	ERTI	21s. ACCIDENT WAS	UNDERLYING T	7 21b TIME	OF INJURY		1216 HOW INJUR	RY OCCURR		E OF INJURY IN ITEM 1	YES DEPART 2	NO L
P V	Sician: The physicic certificate uniol-transit hentol Hygic them 18 she	9	-	OR CONTRIBUTING	CAUSE OF DE	HOUR .	A.M. MONTH	DAY YEAR			(6///6///////			
NO	PHYSICIA ending p this certif e buriol-i ed Mentol	1	MEDICAL	21d. INJURY OCC			P.M. E OF INJURY	19	211 LOCATION					
/ISIC	2 2 2		ME	WHILE I NO	WHILE [		STREET, FACTORY, OFFI	CE, FARM, ETC )	STREET			ITY OR TOWN	COUNTY	STATE
ā	ATTENDING P septiol or after CTOR: After the d for use as the 1. of Health and n 21 is marked				(I) (this hospi	tol) ottended	the Heceased fro	m , 7	0	19 6	to	13	10 03	that (1) (we) last
	TTEN of He 21 is			sow the dece	osed olive on	E	the deceased from	82	nd that in (my) (ou	r) opinion d	eoth occurred o	in the date and h		
	OR ATTEN te hospitol DIRECTOR: oched for us Dept. of He			226 SIGNATURE	(did (did no	t) New the boo	Sy differ deoth.		DEGREE				22c. DATE	SIGNED
	the hard the better the Dep			RV	M.	nho	11 mg	)		NDING SICIAN	MEDICAL DIRECTOR	STAFF	1110	-182
	HOSPITAL FUNERAL FUNE Stote th the Stote	,		22d. PHYSICIAN'S	NAME LIVE	OR PRINT)	11		220. ADDRESS	OICIAIT IS	DIRECTOR _	THISICIAL D	-111	100
		11		Dr	DEM	orkoff			7401	00	ler 3	) r.	2120	4
	of sho		23e. 8	URIAL, CREMATIC			2	31. NAME OF	EMETERY OR CRE	MATORY	23d LOCATI			
	BP		(	BUI BUI	RIAL	1/7	183	OAK	LAWIN		CITY OR	309 470	o. COUNTY M	STATE
	DHMH - 16 50M 4/82		24 54	NERAL DIRECTO	( )	1 2	TA ADORES			25a. DATE	REC'D. BY REC		STRAR'S SIGNAT	*
(VRA 15, 4)			0	mull	y r. l.	1. 500	Mace	ane		J	N 6 1	983 /	ande	wanted.

